

<b>Case Number:</b>	CM13-0034488		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/09/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 61-year-old female with an injury date of 8/9/09; she tripped over an electrical outlet and fell. Her diagnoses include status post lumbar spinal surgery with left lower extremity residual radiculitis, cervical spine sprain/strain, left shoulder periscapular strain, status post contusion/sprain of the left elbow, post traumatic headaches, chronic pain related anxiety/depression, insomnia related to chronic pain, and gastritis/constipation related to chronic pain medication. Treatment since the injury has included lumbar fusion, laminectomy, anterior/posterior discectomy, decompression, reduction of spondylolisthesis, fusion with posterior instrumentation at L3-4, bracing, medications, acupuncture, physical therapy, a home exercise program, heat application, H-wave, and cortisone injections. Per the progress note dated 9/9/13, the patient reported an exacerbation of her low back pain. Physical exam revealed tenderness to palpation with muscle guarding in the lumbar paravertebral musculature, positive left sided straight leg raise, left sacroiliac joint tenderness to palpation and decreased lumbar range of motion. X-rays showed only postoperative changes with instrumentation in good position. The patient had a urine drug screen on 9/10/13 which was consistent with the patient's pain medication regimen. A note from another office visit on 10/18/13 noted tenderness over the paravertebral musculature, lumbosacral junction and left sciatic notch with limitation in lumbar range of motion and a positive straight leg rise test.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**for 60 tablets of Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 356, Chronic Pain Treatment Guidelines Page(s): 108-131.

**Decision rationale:** Opioid analgesics (e.g., morphine, codeine, and methadone) are a class of drugs that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Norco is indicated for moderate to moderately severe pain. The recommended dose is usually 1-2 tablets by mouth every four to six hours as needed for pain. Opioids should be used for low back pain only for a short period of time. The provided documentation does not make it clear whether the medication in question is being used for an acute flare-up of chronic low back pain, or continuation of care for chronic low back pain. In any case the prescribed quantity and directions exceed the guidelines for acute pain (less than 2 weeks) and for chronic pain (less than 16 weeks) for this condition. Therefore, the request is non-certified.

**Dendracin lotion, 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Topical analgesics are considered to be largely experimental with few trials having taken place to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medication in question is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. There is no indication that the patient has failed first line therapies, such as tricyclic antidepressants, SNRI antidepressants, or anticonvulsants; therefore, the patient does not meet the guideline criteria for use of this medication for neuropathic pain. The request is non-certified.

**60 tablets of Fexmid 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** Antispasmodics are used to decrease muscle spasms in conditions such as low back pain, though these medications are often used for the treatment of musculoskeletal

conditions whether or not spasm is present. Limited evidence does not allow for a recommendation for chronic use; Cyclobenzaprine (Fexmid) should not be used for longer than 2-3 weeks. The quantity prescribed exceeds the MTUS recommendation for length of use, as well as the recommendation against chronic use. Therefore, the request is non-certified.