

<b>Case Number:</b>	CM13-0037238		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 claimant is a 56-year-old female presenting with low back pain and right leg pain following a work-related accident on April 20, 2012. The pain is described as tingling down the right leg to the ankle. The claimant reports that her activity level is severely limited due to her pain. The claimant reports that her back pain is greater on the right side than on the left. The physical exam was significant for palpation tenderness to the right lumbar paraspinal region, decreased sensation in L4 and L5 dermatomes on the right, 4/5 strength on the right at the tibialis anterior, EHL, inversion, eversion, and plantar flexors, 4/5 on the right at the sole as, quadriceps, and hamstrings, diminished bilateral patella and bilateral Achilles reflexes, straight leg raise was positive on the right at 60° elicits radiation of pain down the right leg to the calf. X-ray of the lumbar spine was significant for moderate disc space narrowing at L4-5 and L5-S1 with mild to moderate disc space narrowing at L3-4, and multilevel anterior and posterior osteophytes. MRI of the lumbar spine was significant for canal stenosis at L4-5 with bilateral recess stenosis and facet arthropathy especially at L3-4. The claimant has tried chiropractic therapy and physical therapy. The claimant's medications include tramadol, Medroxyprogesterone acetate patches, Terocin lotion, Norco tablets and Flexeril. The claimant was diagnosed with herniated nucleus pulposus at L4-L5 with stenosis, facet arthropathy at L3-4, and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Norco 10/325 mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.

**Flexeril 7.5mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** Flexeril is cyclobenzaprine. Cyclobenzaprine is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

**Terocin Cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are "

recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with lumbar radiculopathy, Lumbar facet arthropathy and Lumbar Herniated nucleus pulposus which are non-neuropathic pain syndrome. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain

**Hydrocodone Apap 10/325mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Hydrocodone APAP 10/325mg # 90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Hydrocodone is not medically necessary.