

<b>Case Number:</b>	CM13-0071553		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 expert 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 injured worker is a 50-year-old female, who reported an injury on 11/16/2009 of an unknown mechanism. In the clinical notes dated 12/06/2013, the injured worker complained of back pain radiating from low back to both legs, and lower backache. She rated her pain as 7-8/10 without medication and 5-6/10 with medication. She stated that she had continued taking her medications as prescribed with no side effects to report and they are working well. The regimen of medication included a Flector 1.3% patch, Neurontin 300mg, and Norco 10/325mg. A bilateral lumbar radiofrequency ablation of L3, L4, L5, and S1 was done on 08/13/2013. The physical examination of the lumbar spine revealed limited range of motion, positive straight leg raise on the left side while supine, a positive Faber test and tenderness over the posterior iliac spine on the left side. The motor strength was documented as 5/5 in all extremities. A urine toxic screen revealed positive for opioids, tricyclic antidepressants and oxycodone/oxycotin. The treatment plan included the positive results of urine drug screen to be sent out for confirmation to be discussed at next visit. A request for lumbar epidural injection at L5-S1 for low back pain and radicular symptoms in an L5-S1 dermatomal pattern was submitted. The injured worker also discussed trying alternative treatments to help improve her pain as at times she has had difficulty obtaining medication from the pharmacy. She was also given a white script again since she had lost the prescription. The treatment plan included continuation of the current medications and the addition of Cymbalta. The possibility of tapering the pain medications was also discussed. In the clinical notes dated 01/10/2014, it was documented that the Flector patches were alleviating by only 5%. In the treatment plan, it was documented to discontinue Flector Patch as it was minimally effective. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The Chronic Pain Guidelines state that the use of opioids appears to be effective, but it is limited for short-term pain relief, and long-term effectiveness is unclear (greater than 16 weeks). Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS Guidelines also address the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) and the lowest possible dose should be prescribed to improve pain and function. In the clinical notes dated 12/06/2013, it was not documented if the injured worker had tried non-steroidal anti-inflammatory drugs (NSAIDs) and if they were effective. It was noted that the injured worker had lost a prior prescription and that she was having trouble filling out prescriptions at her pharmacy. Therefore, the request for Norco 10/325mg #120 is non-certified.

**FLECTOR 1.3% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation [HTTP://DAILYMED.NLM.NIH.GOV/DAILYMED/LOOKUP.CFM?SETID=59E94A55-08B6-4D04-BC10-9911E5A585E0](http://DAILYMED.NLM.NIH.GOV/DAILYMED/LOOKUP.CFM?SETID=59E94A55-08B6-4D04-BC10-9911E5A585E0)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** The Chronic Pain Guidelines state that the Flector patch is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The effectiveness in the clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. It has not been evaluated for treatment of the spine, hip or shoulder. In the clinical note dated 12/06/2013, it was not documented if the Flector patch was effective. In the clinical note dated 01/10/2014, it was documented that the Flector Patch was only 5% effective and therefore discontinued. Therefore, the request for the Flector Patch 1.3% #30 is non-certified.