

<b>Case Number:</b>	CM14-0171114		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 has a subspecialty in Interventional spine 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 patient is a 59 years old female with an injury date on 07/27/2009. Based on the 09/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar disc herniation 2. Right S1 radiculopathy. According to this report, the patient complains of constant low back pain that radiates into the right leg down into the right foot. "Pain increases with sitting, walking, standing, forward bending, squatting, stooping, ascending or descending stair, twisting, turning, and forceful pushing and pulling." "The patient rates the pain at 8/10." Physical exam reveals decreased lumbar range of motion. Tenderness and hypertonicity are noted at the lumbar paraspinal muscles. Straight leg raise is positive. Patient is able to lifting a full cup/glass to mouth, use telephone, speak clearly, feel/ smell/ taste food and turn faucet on and off without difficulty. Some difficulty with driving a car, get in and out of car, open previously open jar, open car door, light house work, run errands, make a meal, open a new milk carton, and brush teeth. The patient has much difficulty with dressing self, comb hair, wash/ dry self, get on and off the toilet, work outdoors on flat ground, climb up 1 flight of 10 step, stand, sit, recline, and rise from a chair. A laboratory report on 08/25/2014 was provided for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/17/2014 to 10/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone 10/325mg) #120, 1-2 tabs by mouth every 6-8 hours for pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Medications for chronic pain, Page(s): 60-61, 88-89, 76-78.

**Decision rationale:** According to the 09/11/2014 report by [REDACTED] this patient presents with constant low back pain that radiates into the right leg down into the right foot. The treater is requesting Norco (Hydrocodone 1-/325mg) #120. Hydrocodone was first mentioned in the 05/13/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. A detail list of patient's ADL's was provided. However, there are no discussions regarding functional improvement specific to the opiate use. No return to work or change in work status was discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines therefore request is not medically necessary.

**Kera-Tek gel 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the 09/11/2014 report by [REDACTED] this patient presents with constant low back pain that radiates into the right leg down into the right foot. The treater is requesting Kera-Tek gel 4oz. Kera-Tek contains methyl salicylate. For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/ tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with salicylate therefore request is not medically necessary.