

<b>Case Number:</b>	CM14-0050087		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female with a reported date of injury on 02/10/2004. Her diagnoses were noted to include post laminectomy syndrome with a history of discectomy/laminectomy at L4-5, left-sided scoliosis, and chronic low back pain syndrome. Her treatments were noted to include surgery, medications, and physical therapy. Her medications were noted to include Norco 10/325 mg, Zanaflex 4 mg at bedtime, lactulose solution, Lidoderm patches 5%, Biofreeze roll-on gel twice a month, Lunesta 3 mg at bedtime, and Motrin 800 mg 3 times a day. The progress note dated 03/18/2014 revealed the injured worker complained of low back and knee pain rated 9/10. The injured worker reported that her pain was 6/10 with medications but lately it would only come down to 7/10. She was walking for exercise and the medications allowed her to remain active and functional, exercise on a regular basis as well as carry out activities of daily living such as cooking, cleaning, laundry, running errands for household supplies, and self-hygiene. The injured worker was not running out of medications early and had not complained of lost or stolen medications or aberrant behaviors or side effects. The physical examination noted increased tenderness to the lumbar paraspinal muscles with decreased range of motion in all planes and crepitus to the knee. The Physical Therapy Evaluation dated 04/29/2014 revealed the injured worker was able to move through 75% of normal lumbar spine range of motion and full strength was rated 5/5. The deep tendon reflexes were equal and bilateral with reports and it was reported to have numbness and tingling along the lateral left upper extremity from hip to the foot. Straight leg raise was symptomatic at 0 degrees with reports of tightness. The Request for Authorization Form was not submitted within the medical records. The request is for Norco 10/325 mg quantity 120 and Biofreeze roll-on 34; however, the provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, Quantity: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Criteria for use for a therapeutic trial of opioids.

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

**Decision rationale:** The request for Norco 10/325 mg quantity 120 is not medically necessary. The injured worker has been taking this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The documentation provided indicated the injured worker's pain was 6/10 with medications but had been coming down to about 7/10. The medications allow her to remain active and functional, exercise on a regular basis as well as carry out activities of daily living such as cooking, cleaning, laundry, running errands for household supplies, and self-hygiene. The documentation provided indicated no aberrant behaviors or side effects. The documentation indicated that the injured worker has not shown any aberrant drug taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the request at which this medication is to be utilized. As such, the request is not medically necessary.

**Biofreeze roll on #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Biofreeze cryotherapy gel.

**Decision rationale:** The request for Biofreeze roll-on #4 is not medically necessary. The injured worker has been taking this medication since at least 2012. The Official Disability Guidelines recommend as an option a form of chirotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes place of ice packs. Whereas

ice packs only work for a limited period of time, Biofreeze can last much longer before re-application. This randomized controlled study designed to determine the pain relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. The injured worker has been utilizing this medication since 2012 and the efficacy of this medication is not documented within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.