

<b>Case Number:</b>	CM14-0068335		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/18/2001
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Occupational Medicine 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 claimant was injured on 01/18/01. She has chronic pain involving her low back and right knee. A note dated 04/14/14 indicated that her pain was elevated because she had not received the BuTrans patch prescription, which she stated gives a great deal of relief. She had increased spasms in her low back. She was doing well, but had to use more Norco due to her pain. Diagnosis included lumbar radiculopathy, right knee internal derangements status post arthroscopy in 2005 and chronic pain syndrome with insomnia, myofascial syndrome, and neuropathic pain. She had increased use of Norco for two weeks until BuTrans was received. She was also given Trepadone and Theramine. She was to stop Keto-Flex ointment and start Fluoroflex. She saw [REDACTED] on 12/12/13 and stated glucosamine helped a lot and she was averaging four Norco per day. Her pain was 6/10, but it was up to 10/10. BuTrans had been denied. She did not want injections. Baclofen was discontinued. She received a refill of Norco and was given Keto-Flex compound ointment. A drug screen report dated 01/22/13 indicates that hydrocodone was positive, but she had not been prescribed it. Carisoprodol was also detected and this was inconsistent. On 02/18/13, hydromorphone was detected, but was not prescribed. Hydrocodone was detected and was prescribed. Ranitidine was also detected and was not prescribed. Hydrocodone was consistent with her prescription. There were multiple other drug screens. She saw [REDACTED] on 05/12/14. She complained of low back, mid back, right knee, and right foot pain. There was no new pain and no new symptoms. Her pain was 3/10 and averages 7/10. Without pain medications it is 9/10. Her urine drug screen report on 04/14/14 was positive for hydrocodone, morphine, and hydromorphone. Norco and lumbar epidural steroid injection had been denied. She was to continue BuTrans patch and Norco 10/325 along with Trepadone, Theramine, and Fluoroflex ointment. None of notes appear to document the four A's. She stated on 03/25/14 that she was doing well. She was only taking

Norco one in the morning and one at night. The BuTrans was helping significantly. This dose was continued. She reported on 02/24/14 that she had increased spasms after stopping the Soma. Baclofen gave her a skin rash. She was authorized for physical therapy, which was to start immediately. She stated on 02/03/14 that the Norco gave her about 30% pain relief and she could be more active. Without that she would be in bed all day due to pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 PRESCRIPTION OF NORCO 10/325 MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and the 4 A's Page(s): 110.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. She has reported modest benefit of 30% pain relief. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than she states it helps. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. In addition, there are a number of drug screens with inconsistent results and it is not clear whether these inconsistencies were addressed with her and her medications were adjusted as a result. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated. The request for 1 prescription of Norco 10/325mg #60 is not medically necessary.

#### **1 PRESCRIPTION OF FLURIFLEX OINTMENT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Fluriflex ointment. The CA MTUS page 143 state "topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of failure of all other first line drugs. The claimant was taking multiple oral medications for pain and there is no documentation of lack of effect or intolerable side effects to the other medications to warrant the use of this topical agent. There is no evidence of significant additional benefit to the claimant of this type of medication. There is no documentation of objective or functional benefit from the use of this topical agent. The medical necessity of this medication has not been demonstrated and is not supported by the MTUS. The request for 1 prescription of Fluriflex ointment is not medically necessary.