

<b>Case Number:</b>	CM14-0078306		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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:

21 year old right-handed male store clerk injured at work on 24 Dec 2011 when a car's wheel drove over his left foot. He was seen in the emergency room but no fracture was identified (Xrays in ER were inconclusive). None of the medical records available for review documented any other injury associated with this industrial accident although review of available records suggest the co-morbid conditions of low back pain and left knee pain were also caused by that accident. He has had left foot pain and numbness since that day, located at the first metatarsal joint. It has been diagnosed as Sesamoiditis with fibular seamoid split, old fracture. In Jan 2014 the foot pain was reported as occasional to intermittent 2-4/10 [by 19 Mar 2014 it was rated 1/10]. Exam at that visit described pain on palpation over the second metatarsal (medial and distal aspects), over the third metatarsal, the first metatarsal-phalangeal (MTP) joint and the extensor hallucis longus insertion. Left foot Xray Dec 2013 showed osteophyte at 1st MTP joint. Left foot Xray Dec 2012 reported no fracture or erosions. CT of left foot in Feb 2013 reported non-displaced fracture through mid region fibular hallux sesamoid. Ultrasound of left foot in Feb 2013 reported osteophyte on base of proximal phalanx on the left at the first MTP joint. In Mar 2013 left foot Xrays reported early arthritis in first MTP joint. MRI left foot Aug 2013 reported no evidence of degenerative or erosive arthropathy, ligamentous pathology or occult fracture - negative foot MRI. He has been treated with soaking in hot water, physical therapy, intra-articular triamcinolone injections, ultrasound treatment, electric signal treatment (neurogenx) and medications (Norco [10/325mg 1 tablet once to twice per day - restarted 12 Feb 2014], nucynta, naprosyn, flector patch [for knee pain once every 12 hr - begun before Jan 2014 - earlier record noting when this med was started was not available for review.])

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg bid #40:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Page(s): 60, 74-96.

**Decision rationale:** Norco is a mixed medication made up of the opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is usually 60mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. Although the care for this patient does not document all these recommended actions, it does note the improvement in pain control with the use of opioid preparations and documents appropriate monitoring of the patient. The records also document stability in dosing, in that the same dose of opioid the patient was started on in Feb 2014 is still in present use. This is not the pattern you will see in addiction. Since the patient is not displaying signs of addiction, the medication is effective in lowering the patient's pain and the patient is being appropriately monitored by the treating provider, chronic use of opioids in this instance is not contraindicated. The request is medically necessary.

**Flector patch 1.3% Q 12 hours #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Page(s): 22, 67-73, 111-112.

**Decision rationale:** Diclofenac Epolamine Topical Patch (Flector Patch) is a non-steroidal anti-inflammatory (NSAID) medication indicated for topical treatment of acute pain due to minor strains, sprains & bruises. MTUS describes use of topical analgesics to be most effective for the initial 2-12 weeks of treatment but even in that short period of time prolonged use shows diminishing effectiveness. There are no long term studies available to assess their continuous use in patients with chronic pain. As this patient already has been on this medication for over 6 months there is no supportable scientific evidence that further use would be of therapeutic value for this patient. Therefore the request is not medically necessary.

