MAXIMUS Federal Services

| Case Number: | CM15-0000874 | | |
|---|---|---|---|
| Date Assigned: | 01/12/2015 | Date of Injury: | 11/07/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 54 year old male, who sustained an industrial injury on 11/07/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spine discopathy with disc displacement, lumbar radiculopathy, and status post microdiscectomy. Treatment to date has included conservative measures. Currently, the injured worker complains of persistent low back pain, with radiation down to his right foot. He also reported right foot numbness and tingling, as well as right foot drop. He reported depression as a result of injury. Current medications included Norco and a topical pain compound. Exam of the lumbar spine noted tenderness in the paraspinal muscles, decreased range of motion secondary to pain and stiffness, positive straight leg raise test, and positive right foot drop. Motor strength was 0/5 in the right foot and tibialis anterior and 4+/5 in the right gastronemius muscles. Sensory exam was diminished in the right L5 dermatome. Achilles reflex was absent and the remaining reflexes were 1+ throughout. The treatment plan included medication refills and urine toxicology screening. Urine drug screenings, dated 7/11/2014 and 9/15/2014, were inconsistent with prescribed medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** This patient presents with low back pain radiating to the right foot. The physician is requesting Norco 10/325 Mg Quantity 120. The RFA dated 11/20/2014 shows a request for Norco 10, hydrocodone bitartrate, acetaminophen 10/325 mg quantity 120 tablet p.o. 4 to 6 h p.r.n. The patient's date of injury is from 11/07/2007 and he is currently off work. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco on 08/11/2014. The 11/20/2014 report shows that the patient continues to complain of persistent low back pain radiating down into the right foot. The patient has right foot numbness and tingling as well as persistent right foot drop. None of the reports document before and after pain scales. There are no discussions about specific activities of daily living. No side effects were reported. The urine drug screens from 07/11/2014 to 09/15/2014 show inconsistent results. In this case, there is a lack of sufficient documentation showing medication efficacy for the continued use of Norco. The patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

**Cyclobenzaprine 10%/Tramadol 10% tppical cream 15 gram and 60 gram:** Upheld

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

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

**Decision rationale:** This patient presents with low back pain radiating to the right foot. The physician is requesting Cyclobenzaprine 10%/Tramadol 10% Topical Cream 15 G And 60 G. The RFA dated 11/20/2014 show the request for 15 g and 60 g cyclobenzaprine 10%/tramadol 10% cream to directly target pain associated with inflammation and spasm. The patient's date of injury is from 11/07/2007 and he is currently off work. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The records show that the patient was prescribed this compound cream on

08/11/2014. In this case, cyclobenzaprine, a muscle relaxant, is currently not supported in topical formulation. The request is not medically necessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with low back pain radiating to the right foot. The physician is requesting Urine Toxicology. The RFA dated 11/20/2014 shows the request for urine toxicology testing. The patient's date of injury is from 11/07/2007 and he is currently off work. The ODG Guidelines under the pain chapter on urine drug testing recommends 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results for "moderate risk" patients. The records show 3 urine drug screens from 07/11/2014, 07/24/2014, and 09/15/2014 which all showed inconsistent results. ODG states that frequency of urine drug testing should be based on documented evidence of risk stratification including use of testing instrument. The physician does not discuss the patient's current "risk assessment." In this case, the patient does not meet the criteria for a repeat urine toxicology. The request is not medically necessary.