

Case Number:	CM15-0138207		
Date Assigned:	07/28/2015	Date of Injury:	04/05/2013
Decision Date:	08/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male with an April 5, 2013 date of injury. A progress note dated July 1, 2015 documents subjective complaints (pain rated at a level of 3.5/10 with medications and 10/10 without medications; no new problems or side effects), objective findings (palpation of lumbar paravertebral muscles shows hypertonicity, spasm, tenderness, and tight muscle band bilaterally; positive lumbar facet loading bilaterally; positive FABER test), and current diagnoses (lower back pain). Treatments to date have included medications, imaging studies; physical therapy, lumbar epidural steroid injection which provided no significant pain relief, and exercise. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81;78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for low back pain. Medications are referenced as decreasing pain from 10/10 to 3.5/10. When seen, there was lumbar paraspinal muscle tenderness with muscle spasms and tightness. Facet loading was positive. Fabere testing was positive. There was a normal neurological examination. Failed medications include Norco, which was stopped by the claimant due to its limited efficacy. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and, although previously discontinued by the claimant, Norco was now providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Flector 1.3% patch quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for low back pain. Medications are referenced as decreasing pain from 10/10 to 3.5/10. When seen, there was lumbar paraspinal muscle tenderness with muscle spasms and tightness. Facet loading was positive. Fabere testing was positive. There was a normal neurological examination. Failed medications include Norco, which was stopped by the claimant due to its limited efficacy. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, if a topical NSAID was being considered, a trial of topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector was not medically necessary.