

<b>Case Number:</b>	CM15-0141570		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 29 year old female who sustained an industrial injury on 3/30/12 from a slip and fall where she fell backwards onto hips, low and mid back. Diagnoses include thoracic pain; low back pain, lumbar sprain, strain; sacroiliac joint pain. The injured worker is currently not working. Treatments to date include chiropractic therapy, medications and transcutaneous electrical nerve stimulator (TENS) unit, which was helpful. A drug screen dated 3/5/15 was inconsistent with prescribed medications in that the prescribed medication was not detected by the test. In the progress note dated 4/30/15 the injured worker complained of mid and low back pain with pain radiating intermittently to upper thighs and nightly headaches. Her pain level was 7 out of 10 with medications and 9 out of 10 without medications. She had poor sleep quality. Her only medication was Norco. On physical exam there was restricted lumbar range of motion with pain on motion, positive Patrick's test bilaterally, tenderness over the posterior iliac spine bilaterally, negative straight leg raise and normal motor and reflex tests in the lower extremities. The treating provider's plan of care included request for Flector patch 1.3% for acute inflammation as oral medications tend to cause gastrointestinal upset and Norco 10-325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patches Qty: 30.00: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 47, 49; Chp 12 pg 287-8, 299, 308, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (Anti-inflammatory medications); Topical Analgesics Page(s): 22, 67-74, 111-3. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sports med. 2013 May; 41(2):64-74.

**Decision rationale:** Diclofenac 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. Although most topical analgesics are recommended for treatment of neuropathic pain, topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with a muscle / tendon related problem so treatment with a NSAID medication should be considered an option. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. As there are no contraindications for use of this preparation and the patient is not taking an oral NSAID as they upset her stomach, use of Flector Patches is a viable treatment option. The request is medically necessary and has been established.

**Norco 10/325mg Qty: 150.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, 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 120 mg/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. This is the crux of the decision for use of this medication. First-line medications for chronic pain, nortriptyline, has been tried and was stopped due to ineffectiveness. Additionally, the provider has documented beneficial effects of decreased pain

and increased function from use of this medication. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The provider has been following these criteria. Considering all the above, the request for continued use of Norco is medically necessary and has been established.