

<b>Case Number:</b>	CM15-0169690		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/26/2007
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 was a 53 year old male, who sustained an industrial injury, June 26, 2007. According to progress note of July 16, 2015, the injured worker's chief complaint was lumbar spine pain. The injured worker was positive for trigger points and guarding to the left. The physical exam noted tenderness with palpation of the bilateral paraspinal musculatures left greater than the right. The left S1 joint was positive for pain. There was decreased range of motion in all planes of the lumbar spine. The progress note of May 12, 2015 stated the pain level was 5 out of 10 with Tramadol. The pain level was 6 out of 10 on March 24, 2015, with no medications documented. The injured worker was diagnosed with lumbar spine strain and or sprain and cervical spine strain and or sprain with radiculopathy. The injured worker previously received the following treatments in May 2015 Ultram was prescribed, chiropractic services and physical therapy. The RFA (request for authorization) dated July 16, 2015; the following treatments were requested prescriptions for Norco 5mg with Acetaminophen 325mg of and MMC lotion. The UR (utilization review board) denied certification on August 1, 2015, for prescriptions for Norco and MMC lotion. The injured worker failed any benefit from the use of Norco stated in 2009. The MMC lotion the guidelines did not support the use of the product.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several years. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**MMC lotion 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, topical MMC was not specified however it was categorized under topical muscle relaxants. Topical muscle relaxants such as topical MMC are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary.