

<b>Case Number:</b>	CM15-0180083		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/19/1998
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, 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:

The injured worker is a 63 year old female who sustained an industrial injury on March 19, 1998. A recent primary treating office visit dated January 22, 2015 reported subjective complaint of: "ongoing low back pain and stiffness with occasional radiation to her legs." She states "functional improvement and pain relief with the adjunct of the medications," indicating she can continue to work in her current capacity. Objective assessment noted: "tenderness in the lower lumbar paravertebral musculature." The following diagnoses were applied: lumbar facet syndrome and mild stenosis L4-5. She was provided with a refill prescription for Norco 5mg 325mg. A narcotic agreement noted signed. She is also to undergo a urine drug screening. In addition, she was prescribed Flector patches, Zanaflex, and Voltaren. Primary follow up dated September 30, 2014 reported subjective complaint of "continued complaint of low back pain and stiffness." She states that her pain is exacerbated by her work. There is note of pending authorization for an ergonomic work assessment. She reports "increased pain." On August 06, 2015 a request was made for the following medications: Norco 5mg 325mg #30; Flector patches #60; Zanaflex #60; and Voltaren 75mg #60 which was denied due to insufficient evidence of ongoing review and documentation of pain relief, side effects, and topical non-steroidal anti-inflammatory agents are not recommended with these diagnoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30: Overturned**

**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 (Classification), Opioids, dosing, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.

**Flector patches #60 with 2 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector® patch (diclofenac epolamine).

**Decision rationale:** Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. Additionally, there is no indication that the patient has failed oral NSAIDs or has contraindications to their use. In the absence of such documentation, the currently requested Flector Patch is not medically necessary.

**Zanaflex 2mg #60 with 2 refills: 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): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.

**Voltaren 75mg #60 with 2 refills:** Overturned

**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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Voltaren, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that this medicine is providing analgesic benefits and objective functional improvement. Additionally, no intolerable side effects were reported. It is acknowledged, that it is unclear if the analgesic/functional benefit being described is specifically related to the Voltaren, or strictly a result of the hydrocodone. This should be clarified in the future to support ongoing use of this medication. As such, the currently requested Voltaren is medically necessary.