

<b>Case Number:</b>	CM15-0182571		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: California

Certification(s)/Specialty: Emergency 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 60 year old female who sustained an industrial injury on 04-21-2008. According to a progress report dated 07-16-2015, the injured worker was seen for neck pain and radicular symptoms in the bilateral upper extremities, greater in the left. Current medication regimen included Norco, Elavil and Flector patch. She also took Zoloft, Butabarbital, an unknown blood pressure medication and myoclonic through her primary medical doctor. Medication allergies included Penicillin and Tylenol with Codeine. With use of Norco, pain level went from a 10 on a scale of 1-10 to an 8. This allowed her to be more active. She was able to continue working full time. She denied negative side effects. The provider noted that a pain contract was signed and on file and that a urine drug screen on 06-18-2015 was consistent. Elavil helped with some of the nerve pain but mostly helped her sleep at night. Flector patches were helping with acute flare-ups of the back and neck pain. Diagnoses included neck pain. MRI of the cervical spine from 11-25-2013 showed disk degeneration of the C5-C6 and C6-C7 mostly. There was no evidence of disk herniation or significant stenosis seen. There was a left paracentral disk protrusion-osteophyte measuring 3 to 4 millimeters at C6-C7 thought, causing mild narrowing of the left foramen. The treatment plan included a request for a repeat interlaminar C6-C7 epidural steroid injection, Norco, and a sample of Lyrica. The injured worker reported that she thought she had tried Gabapentin and Cymbalta in the past. According to a progress report dated 08-26-2015, a cervical epidural steroid injection was authorized and scheduled. Norco had been denied. She continued to have tenderness over the cervical paraspinal musculature. She had pain with Jackson's maneuver going down the left arm. The treatment plan included Percocet, Flector patches and Elavil. She continued to work at her

regular job. Documentation submitted for review shows use of narcotic analgesics dating back to 02-19- 2015. On 09-10-2015, Utilization Review modified the request for Percocet 10-325 mg #90, non- certified the request for Flector patches #30 and authorized the request for Elavil 100 mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Percocet 10/325mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Percocet 10/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opiate should not exceed 120 mg oral morphine equivalents." The injured worker has neck pain and radicular symptoms in the bilateral upper extremities, greater in the left. Current medication regimen included Norco, Elavil and Flector patch. She also took Zoloft, Butabarbital, an unknown blood pressure medication and myoclonic through her primary medical doctor. Medication allergies included Penicillin and Tylenol with Codeine. With use of Norco, pain level went from a 10 on a scale of 1-10 to an 8. This allowed her to be more active. She was able to continue working full time. She denied negative side effects. The provider noted that a pain contract was signed and on file and that a urine drug screen on 06-18-2015 was consistent. The treating physician has not documented the medical necessity for an additional opiate since it is documented that Norco allows the injured worker to be sufficiently functional to work full time. The criteria noted above not having been met, Percocet 10/325mg #90 is not medically necessary.

#### **Flector patches #30: 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:** The requested Flector patches #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has neck pain and radicular symptoms in the

bilateral upper extremities, greater in the left. Current medication regimen included Norco, Elavil and Flector patch. She also took Zoloft, Butabarbital, an unknown blood pressure medication and myoclonic through her primary medical doctor. Medication allergies included Penicillin and Tylenol with Codeine. With use of Norco, pain level went from a 10 on a scale of 1-10 to an 8. This allowed her to be more active. She was able to continue working full time. She denied negative side effects. The provider noted that a pain contract was signed and on file and that a urine drug screen on 06-18-2015 was consistent. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flector patches #30 is not medically necessary.