

<b>Case Number:</b>	CM15-0184339		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: New York, 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:

This is a 45 year old male whose date of injury was August 16, 2011. Medical documentation indicated the injured worker was treated for chronic neck pain, chronic back pain, sacroiliitis on the left side, degenerative disc disease of the cervical spine, cervical stenosis, degenerative disc disease of the lumbar spine, lumbar facet arthropathy and lumbar stenosis. On 9-1-2015, the injured worker reported neck and low back pain. He reported that his symptoms remained unchanged since his previous evaluation. He reported that he had not received Lidocaine patches or Flector patches and was waiting for authorization. He had not started using gabapentin or Ketoprofen cream. He reported aching, burning stabbing, numbness in the neck and rated his neck pain a 7-8 on a 10-point scale (7-8 on 8-4-15). He had aching numbness in the low back and rated his low back pain a 6-8 on a 10-point scale (5 on 8-4-15). He reported that his medications gave him 40% relief for 3-4 hours and allowed him to sleep better. Previous treatment included epidural steroid injection to left L5-S1 on 3/4/15 which provided 50% relief, cervical epidural steroid injection on 3-18-15 which provided 20% relief for 2-3 days, anterior cruciate ligament replacement on 11-29-13 which provided some improvement, 24 sessions of physical therapy for the knee and hip, 10 sessions of physical therapy for the low back with moderate relief, left sacroiliac joint injection 10-2-14 which provided 50% pain relief. His medications had included Tramadol (discontinued), Prilosec 20 mg, Norco 5-325 mg (discontinued), Flexeril 7.5 mg, and Naproxen (discontinued due to stomach issues). Current medications included Percocet 10-325 mg, Prilosec 20 mg, and Flexeril 7.5 mg. Urine drug screen on 8-4-15 was consistent with medication regimen. A request for authorization for Ketoprofen cream 20%, Norco 10-325 mg#60, Flector Patch #30, Lidocaine Patch 5% #50 was submitted. On September 14, 2015, the Utilization Review physician determined Ketoprofen cream 20%, Norco 10-325 mg #60, Flector Patch #30, Lidocaine Patch 5% #50 was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen cream 20% 1 tube:** 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:** Ca MTUS guidelines for topical analgesic agents are referenced above. According to these guidelines, Ketoprofen is not currently FDA approved for topical application. This medication is known to have high incidence of photo-contact dermatitis. The request does not include frequency or site of application. As this medication is not supported by the guidelines or FDA approved, the request is not medically necessary.

**Norco 10/325mg #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, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. The IW has been on opiate medications, percocet or Norco, for a minimum of 12 months. The records support different dosing and different frequency of these prescribed medications. The records do not give specific symptom response of these medications or the functional improvement from their use. It is not clear from the records why the different medications have been prescribed. There are no toxicology screens included in the records. In addition, the request does not include dosing frequency or duration. Without the support of the documentation or adherence to the guidelines, the request for Norco is not medically necessary.

**Flector patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Flector is a topical analgesic patch with the active ingredient diclofenac, a non-steroidal anti-inflammatory agent. Ca MTUS guidelines state the efficacy of topical NSAIDs is greatest in the first 2 weeks of use. They are "recommended for short-term use (4-12 weeks)." In addition, guidelines state, "there is little evidence to utilize topical NSIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Specific diclofenac, "has not been evaluated for treatment of the spine, hip or shoulder." The IW medical diagnoses largely involve conditions related to the spine. The request does not indicate where the IW is applying the patches. In addition, documents support ongoing use of the patches. This exceeds the recommended 4-12 weeks. The request for Flector patch is not medically necessary.

**Lidocaine patch 5% #50: 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 CA MTUS chronic pain guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The IW does not have a diagnosis of neuropathic pain. The request does not include the intended location or frequency of application. Without a complete request or adherence to the guidelines, the request is not medically necessary.