MAXIMUS Federal Services

Case Number:	CM15-0192306		
Date Assigned:	10/06/2015	Date of Injury:	09/14/2006
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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 is a 61 year old female, who sustained an industrial injury on 09-14-2006. Work status not clear in medical records. Medical records indicated that the injured worker is undergoing treatment for lumbar back pain with radiculopathy, lumbar spinal stenosis, lumbar spine degenerative disc disease, facet arthropathy, and depression. Treatment and diagnostics to date has included home exercise program, lumbar epidural steroid injection, consistent urine drug screen dated 04-13-2015, and medications. Current medications include Norco since at least 03-18-2015), Tramadol, and Flector patch. After review of the progress note dated 09-02- 2015, the injured worker reported increased low back pain and cramping in the right leg. The injured worker rated her pain with medications 7-10 out of 10 on the pain scale and 10 out of 10 without her medications in the last month. Objective findings included unsteady gait. The request for authorization dated 09-02-2015 requested Norco 10-325mg 1-2 tablets by mouth every 4-6 hours when necessary, Maximum: 7 per day #210 x 0 refills, Tramadol, and Flector 1.3% transdermal patch, apply 2 patches to affected area for 12 hours as needed for pain #60 x 2 refills. The Utilization Review with a decision date of 09-15-2015 non-certified the request for Flector 1.3% transdermal patch, Quantity: 60 with 2 refills related to lumbar spine injury as outpatient and modified the request for Norco 10-325mg, Quantity: 210 with 0 refills to Norco 10-325mg, Quantity: 125 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 months along with Tramadol and NSAIDS without significant improvement in pain scores. There was no mention of Tylenol, NSAID, or weaning failure. The continued and chronic use of Norco is not medically necessary.

Flector 1.3% transdermal patch, #20 with 2 refills: Upheld

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

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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. The claimant was also on oral NSAIDS. Topical NSAIDs can reach systemic levels similar to oral NSAIDS. The claimant did not have arthritis. The Flector patch is not medically necessary.