

Case Number:	CM15-0192397		
Date Assigned:	10/06/2015	Date of Injury:	09/07/2012
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
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: Massachusetts

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 59 year old male who sustained an industrial injury September 7, 2012. According to a treating physician's notes dated March 18, 2015, the injured worker has been experiencing low back and leg pain for the past two and a half years. He has tried physical therapy without benefit. A past MRI of the lumbar spine revealed evidence of right L4-5 paracentral disk protrusion with right L5 nerve compromise; there is focal central L5-S1 central disc protrusion but without significant lateral recess stenosis or neural compromise. On March 18, 2015, he underwent a right L4-5 interlaminar epidural steroid injection under fluoroscopy. On March 27, 2015 the physician documented the epidural steroid injection helped the sharp pain and shooting pain in the legs, making them now dull pain but did not help the lower back pain. a refill of Norco 5-325mg one by mouth every 12 hours #60 for breakthrough pain and Flector patch 1.3% every 12 hours #60 for inflammation and pain. On June 5, 2015, the physician documented the injured worker continues to have persistent low back pain, rated 4 out of 10 and current medication has been decreased. Norco 10-325mg one by mouth every 12 hours as needed #50 and Flector patch every 12 hours as needed #30. According to a primary treating physician's progress report dated August 11, 2015, the injured worker presented with persistent low back pain rated 7 out of 10 mostly radiating to the right lower extremity. He reported his last epidural steroid injection has worn off and pain has increased. Hydrocodone 50 tablets are not lasting 4 weeks and he is taking two per day for pain. Objective findings included; spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine; tenderness in the lumbar facet joints; dysesthesia noted L5 dermatome; strength is 5 out of 5 in the bilateral lower extremities.

Diagnoses are clinically consistent right lumbar radiculopathy; possibility of lumbar facet pain; degenerative disc disease; insomnia secondary to pain. At issue is a request for authorization for Flector 1.3% #30 and Norco 10-325mg #60. According to utilization review dated September 4, 2015, the requests for Norco 10-325mg #60 and Flector 1.3% #30 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFA 8/28/15 Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work-related injury in September 2012 while working as a truck driver and continues to be treated for chronic low back pain with lower extremity radiating symptoms with secondary insomnia due to pain. In March 2015, an epidural steroid injection done 10 days before had helped the sharp and shooting pains in the legs. Pain was rated at 2-4/10. An MRI of the lumbar spine is referenced as showing a right L4/5 paracentral disc protrusion and a disc protrusion at L5/S1. There was multilevel degenerative disc disease. In June 2015, his symptoms were continuing to decrease. When seen, he felt the injection was wearing off and he had increased pain, which was rated at 7/10. He was having shooting pain into the right leg. He was requesting an increased dose of hydrocodone. Physical examination findings included lumbar spasms. There was abnormal right lower extremity sensation with dysesthesias. Norco, Flector, and ranitidine were prescribed. A repeat epidural steroid injection is being requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication has been providing decreased pain through documentation of VAS pain scores an increased level of function or improved quality of life at the same daily MED. Continued prescribing is not considered medically necessary.

RFA 8/28/15 Flector 1.3% #30: 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: The claimant sustained a work-related injury in September 2012 while working as a truck driver and continues to be treated for chronic low back pain with lower extremity radiating symptoms with secondary insomnia due to pain. In March 2015 an epidural

steroid injection done 10 days before had helped the sharp and shooting pains in the legs. Pain was rated at 2-4/10. An MRI of the lumbar spine is referenced as showing a right L4/5 paracentral disc protrusion and a disc protrusion at L5/S1. There was multilevel degenerative disc disease. In June 2015, his symptoms were continuing to decrease. When seen, he felt the injection was wearing off and he had increased pain, which was rated at 7/10. He was having shooting pain into the right leg. He was requesting an increased dose of hydrocodone. Physical examination findings included lumbar spasms. There was abnormal right lower extremity sensation with dysesthesias. Norco, Flector, and ranitidine were prescribed. A repeat epidural steroid injection is being requested. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment. Flector is not considered medically necessary.