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| <b>Case Number:</b>   | CM15-0197309 |                              |            |
| <b>Date Assigned:</b> | 10/12/2015   | <b>Date of Injury:</b>       | 04/30/2015 |
| <b>Decision Date:</b> | 11/30/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2015 |

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female who sustained a work-related injury on 4-30-15. Medical record documentation on 8-26-15 revealed the injured worker was being treated for herniated nucleus pulposus of the lumbar spine with right-side radiculopathy. She reported pain in the low back with radiation of pain to the right leg. She rated her pain a 7 on a 10-point scale. Previous treatment included six sessions of physical therapy with benefit and five sessions of acupuncture with no benefit noted. Her medication regimen included Norco (since at least 6-24-15), Flexeril and Relafen (since at least 6-24-15). She rated her pain a 4-5 on a 10-point scale with medications (7-8 on 8-11-15) and an 8-9 on a 10-point scale without medications (9-10 on 8-11-15). She reported improvement with activities of daily living as well as increased ability to sit, stand, walk, and work with her current medication regimen. Objective findings included a lumbar spine range of motion with flexion to 40 degrees, extension to 20 degrees, bilateral lateral bending to 20 degrees. A request for Norco 10-325 mg #60 and Relafen 500 mg #60 with two refills was received on 9-11-15. On 9-11-15, the Utilization Review physician determined Norco 10-325 mg #60 and Relafen 500 mg #60 with two refills was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, QTY: 60.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the right leg. The current request is for Norco 10/325mg, QTY: 60.00. The treating physician report dated 8/26/15 (2B) states, "Overall, she is noting functional improvement and improvement in pain with her current medication regimen. On a visual analog scale, the patient rates her pain at a 4-5/10 with the use of her medication. Without pain medication she rates her pain at an 8-9/10. She notes improvement with activities of daily living, as well as increased ability to sit, stand, walk, work, as a result of her current medication usage." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 8/26/15 (2B) notes that the patient's pain has decreased from 8-9/10 to 4-5/10 while on current medication. Patient noted no adverse effects or adverse behavior. The patient's ADL's have improved such as the ability to sit, stand, walk, and work. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

**Relafen 500mg, QTY: 60.00 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the right leg. The current request is for Relafen 500mg, QTY: 60.00 with 2 refills. The treating physician report dated 8/26/15 (2B) states, "Overall, she is noting functional improvement and improvement in pain with her current medication regimen. On a visual analog scale, the patient rates her pain at a 4-5/10 with the use of her medication. Without pain medication, she rates her pain at an 8-9/10. She notes improvement with activities of daily living, as well as increased ability to sit, stand, walk, work, as a result of her current medication usage." Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain

conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, there is a record of pain and function with the use of this medication. Furthermore, the patient ADL's have improved such as the ability to sit, stand, walk, and work. The continued use of Relafen has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. The current request is medically necessary.