

<b>Case Number:</b>	CM15-0043962		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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:

The injured worker (IW) is a 63 year old female who sustained an industrial injury on 11/01/2000. She reported injury to the upper back, mid back, lower back, both shoulders, both arms, both wrists, both hands, and both knees. The injured worker was diagnosed as having lumbar radiculitis, functional decline, and opioid dependence. Treatment to date has included medications, physical therapy and massage therapy. Currently, the injured worker complains of pain in the neck, upper back, mid back, lower back, right elbow and right hand/thumb with radiation to both arms. Treatment plan includes requesting evaluation for a functional restoration program, and continuation of pain medications. Prescriptions for Hydrocodone 1-/325mg #60, Flexeril 7.5mg #60, Methyl Salicylate 15% 240 ML were given, and a Request for Authorization for these medications is under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED Hydrocodone 1-/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** Based on the 01/28/15 progress report provided by treating physician, the patient presents with pain to the neck, upper back, mid back, right elbow and right hand/thumb with radiation to both arms, and low back pain with radiation to both legs, mostly on the right, rated 6-9/10. The request is for MED HYDROCODONE 1-/325MG #60. No RFA provided. Patient's diagnosis on 01/28/15 included lumbar radiculitis, functional decline and opioid dependences. Treatment to date has included medications, physical therapy and massage therapy. Patient's medications include Norco, Cyclobenzaprine, Lisinopril, Hydrochlorothiazide, Albuterol and Advair. Patient is temporarily disabled and not working, per treater report dated 01/28/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Hydrocodone was included in patient's medications, per progress report dated 10/16/14, included in treater report dated 01/28/15. It is not known when Hydrocodone was initiated. Per progress report dated 01/28/15, treater states "Hydrocodone 10/325mg" is "prescribed as a short acting pain medication." ODG guidelines were cited without discussions. In this case, treater has not stated how Hydrocodone decreases pain and significantly improves patient's activities of daily living. Treater has not addressed analgesia with numerical scales or validated instruments. Per progress report dated 10/16/14, CURES report was obtained and revealed consistent results with previous prescriptions. Urine drug screen was performed with results of quantitative analysis pending. Preliminary results were negative for all substances tested; but no discussions on aberrant behavior. However, there are no discussions on analgesia, adverse effects, ADL's, etc. MTUS requires adequate discussion of the 4A's. Given lack of documentation, the request IS NOT medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Based on the 01/28/15 progress report provided by treating physician, the patient presents with pain to the neck, upper back, mid back, right elbow and right hand/thumb with radiation to both arms, and low back pain with radiation to both legs, mostly on the right, rated 6-9/10. The request is for FLEXERIL 7.5MG #60. No RFA provided. Patient's diagnosis on 01/28/15 included lumbar radiculitis, functional decline and opioid dependences. Treatment to date has included medications, physical therapy and massage therapy. Patient's medications include Norco, Cyclobenzaprine, Lisinopril, Hydrochlorothiazide, Albuterol and Advair. Patient is temporarily disabled and not working, per treater report dated 01/28/15. MTUS pg 63-66

states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Flexeril was included in patient's medications, per progress report dated 10/16/14, included in treater report dated 01/28/15. It is not known when Flexeril was initiated. Per progress report dated 01/28/15, treater states Flexeril is prescribed for muscle spasms. MTUS guidelines were cited without discussion of the request. However, patient has already been prescribed Flexeril at least since 10/16/14, which is almost 4 months from UR date of 02/10/15. Furthermore, the request for additional quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Methyl Salicylate 15% 240 ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic; Salicylate topical Page(s): 111-113, 105.

**Decision rationale:** Based on the 01/28/15 progress report provided by treating physician, the patient presents with pain to the neck, upper back, mid back, right elbow and right hand/thumb with radiation to both arms, and low back pain with radiation to both legs, mostly on the right, rated 6-9/10. The request is for METHYL SALICYLATE 15% 240ML. No RFA provided. Patient's diagnosis on 01/28/15 included lumbar radiculitis, functional decline and opioid dependences. Treatment to date has included medications, physical therapy and massage therapy. Patient's medications include Norco, Cyclobenzaprine, Lisinopril, Hydrochlorothiazide, Albuterol and Advair. Patient is temporarily disabled and not working, per treater report dated 01/28/15. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS Salicylate topical section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Treater has not provided reason for the request. Per progress report dated 01/28/15, treater states Methyl salicylate 15% is prescribed as a topical analgesic to be applied to the affected areas 2-3 times per day. MTUS guidelines were cited without discussion of the request. Though patient presents with elbow and hand symptoms for which the requested gel would be indicated, treater has not indicated which body part would be addressed. Topical NSAIDs are not indicated for spinal, back conditions, which the patient also presents with. Furthermore, it is not known whether patient has tried the requested topical and with what efficacy. Therefore, the request IS NOT medically necessary.