

<b>Case Number:</b>	CM15-0045425		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 53-year-old male who sustained an industrial injury on 05/16/2014. Injury occurred while he was picking up items weighting 200 pounds and pushing them up a 45-degree angle and using a wheelbarrow before dumping it. The injured worker has neck pain, shoulder pain and thoracic pain. Diagnoses include right rotator cuff syndrome, right shoulder capsulitis, right shoulder strain, cervical strain and thoracic strain. Treatment to date has included diagnostics, medications, physical therapy, which provided him with no significant pain relief, 6 sessions of acupuncture, which provided him with mild relief, an exercise program, and a steroid injection to the shoulder, which resulted in no significant pain relief. A physician progress note dated 02/05/2015 documents the injured worker rates his pain with medications as 6 on a scale of 1-10, and without medications his pain is 8 out of 10. His quality of sleep is poor. He has pain in his neck, upper back, mid-back, right shoulder, right arm, right elbow, right wrist and right hand. The injured worker continues to receive functional benefit form medications. Treatment requested is for Flector Patches 1.3 % #30, and Norco 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches 1.3 % #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are neck pain; shoulder pain; and thoracic pain. Flector is indicated for acute sprains, strains and contusions. The date of injury was May 16, 2014. The worker was in the chronic phase of the injury. Norco was prescribed as far back as May 16, 2014. In the September 2014 progress note the VAS pain scale was 6/10 with medications and 8/10 without medications (while on Norco). The injured worker was seen by the treating orthopedist (first visit). Norco was continued and Flector 1.3% patch was prescribed. The VAS pain scale was 6/10 with medication and 8/10 without medications. A progress note dated February 5, 2015 shows the injured worker has a persistently elevated pain scale of 8/10 without medications and 6/10 with medications. The VAS pain scale appears to be unchanged over the prior documentation (progress notes). There is no documentation indicating a trial with first-line antidepressants and anticonvulsants have failed. The injured worker is no longer in the acute phase of the injury. Flector is not clinically indicated based on the medical documentation. Consequently, absent clinical documentation with objective functional improvement absent an appropriate clinical indication and rationale for Flector patch, Flector patch 1.3% #30 is not medically necessary.

**Norco 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with

evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are neck pain; shoulder pain; and thoracic pain. Flector is indicated for acute sprains, strains and contusions. The date of injury was May 16, 2014. The worker was in the chronic phase of the injury. Norco was prescribed as far back as May 16, 2014. In the September 2014 progress note the VAS pain scale was 6/10 with medications and 8/10 without medications (while on Norco). The injured worker was seen by the treating orthopedist (first visit). Norco was continued and Flector 1.3% patch was prescribed. The VAS pain scale was 6/10 with medication and 8/10 without medications. A progress note dated February 5, 2015 shows the injured worker has a persistently elevated pain scale of 8/10 without medications and 6/10 with medications. The VAS pain scale appears to be unchanged over the prior documentation (progress notes). The injured worker has been on Norco as far back as May 6, 2014. There appears to be minimal subjective improvement with a VAS pain scale of 6/10 with medications and 8/10 without medications over the following months through February 5, 2015. Additionally, there is no documentation with objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement as a result of ongoing Norco to gauge Norco's efficacy, Norco 10 mg #90 is not medically necessary.