

<b>Case Number:</b>	CM15-0045552		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	04/17/2015	<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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 63 year old female who sustained an industrial injury on September 7, 2007. The injured worker was diagnosed with degenerative disc disease, herniated disc, lumbar radiculopathy and insomnia. The injured worker is status post lumbar fusion and a partial hip replacement (no dates documented). According to the physician's pain management progress report on February 9, 2015, the injured worker continues to experience low back and hip pain with decreased range of motion of the lumbar spine, knees and hips bilaterally and tenderness to palpation of the paraspinal muscles. Sensation was intact. The injured worker uses a walker to ambulate. Treatment plan consists of continuing with Robaxin and Lunesta; discontinue use of OxyContin and Norco and start on Morphine ER, Percocet and topical analgesics for pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 63 year old female has complained of low back pain and hip pain since date of injury 09/7/2007. She has been treated with lumbar spine surgery, hip surgery, physical therapy and medications to include opioids since at least 11/2014. The current request is for MS Contin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, MS Contin is not indicated as medically necessary.

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 63 year old female has complained of low back pain and hip pain since date of injury 09/7/2007. She has been treated with lumbar spine surgery, hip surgery, physical therapy and medications to include opioids since at least 11/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

**Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%, Lidocaine 5% #240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 63 year old female has complained of low back pain and hip pain since date of injury 09/7/2007. She has been treated with lumbar spine surgery, hip surgery, physical therapy and medications. The current request is for Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%, Lidocaine 5% #240gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is

primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%, Lidocaine 5% #240gm is not indicated as medically necessary.