

Case Number:	CM15-0048122		
Date Assigned:	03/20/2015	Date of Injury:	02/10/2011
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/13/2015

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 is a 34-year-old male who sustained an industrial injury on 02/10/2011. Current diagnoses include low back pain and lumbar degenerative disc. Previous treatments included medication management, and home exercise program. Report dated 02/13/2015 noted that the injured worker presented with complaints that included back pain with left leg shooting sciatic pains. Pain level was rated as 5-6 out of 10 on the visual analog scale (VAS). Current medications include Motrin, Skelaxin, Norco, and ibuprofen. Physical examination was positive for abnormal findings. The treatment plan included prescriptions for Norco and Flector patches, follow up in one month, and continue exercise. The physician documented that there was a urine drug screen, functional improvement is noted in the records in regards to the injured worker's current prescribed medication regimen, pain management agreement is on file, and most recent CURES report was pulled and is on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #30: Overturned

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 Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 02/12/15 with lower back pain rated 7-8/10, which radiates into the left leg, and associated numbness in the dorsal foot and the 3 middle toes. The patient's date of injury is 02/10/11. Patient has no documented history directed at this complaint. The request is for NORCO 7.5/325MG #30. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles and buttocks on the left side, positive straight leg raise on the left side, and otherwise intact neurological function to the lower extremities. The patient is currently prescribed Motrin, Skelaxin, and Norco. Diagnostic imaging was not included. Patient is currently working full duties. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the request for Norco for the management of this patient's chronic pain, the request appears reasonable. This patient has been taking Norco since at least 10/13/14. Progress note dated 02/12/15 documents a reduction in pain from 8/10 to 5/10 attributed to Norco. It also provides specific functional improvements, stating: "Function level with medication: Relaxing, better movement. Without medication: Slower movement." In addition, the patient has been able to return to full duties at work. The same progress note also mentions a lack of aberrant behavior and consistent urine drug screens to date, though the associated toxicology reports were not provided. The provided documentation satisfies the 4A's as required by MTUS, continuation of this medication is substantiated. The request IS medically necessary.

Flector patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The patient presents on 02/12/15 with lower back pain rated 7-8/10, which radiates into the left leg, and associated numbness in the dorsal foot and the 3 middle toes. The patient's date of injury is 02/10/11. Patient has no documented history directed at this complaint. The request is for FLECTOR PATCH #60. The RFA was not provided. Physical examination dated 02/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles and buttocks on the left side, positive straight leg raise on the left side, and otherwise intact neurological function to the lower extremities. The patient is currently prescribed Motrin, Skelaxin, and Norco. Diagnostic imaging was not included. Patient is currently working full duties. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-

113, Topical Analgesics section under Non-steroidal anti-inflammatory agents -NSAIDs- states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The treater is requesting Flector patches for the management of this patient's intractable neuropathic lower back and neck pain. While there is no documentation that this patient has received Flector patches to date, MTUS guidelines indicate that topical NSAID patches are not recommended for neuropathic pain. Therefore, this request IS NOT medically necessary.