

<b>Case Number:</b>	CM15-0049011		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/04/2007
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Arizona, California, Florida  
 Certification(s)/Specialty: Family Practice

### 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 54-year-old female who reported an injury on 06/04/2007. The mechanism of injury was not provided. She is diagnosed with status post lumbar fusion, right knee arthralgia, and status post left knee total arthroplasty revision. Her past treatments have included surgery, physical therapy, and medications. Her symptoms are noted to include low back pain with radiating symptoms to the bilateral lower extremities. She rated her pain 8/10 without medications and 3/10 with medications. It was also noted that use of medications allowed her to ambulate for a longer period of time. The physical examination revealed decreased range of motion of the lumbar spine secondary to pain. She also had decreased strength and sensation in the bilateral lower extremities in L4, L5, and S1 distributions. Her medications were noted to include Norco 10/325 mg 1 to 2 tablets every 6 to 8 hours as needed for pain. The treatment plan included a new consultation and treatment with an ortho spine specialist. A rationale for this recommendation was not provided. Her Norco was refilled for the treatment of pain. It was noted that she had no signs of abuse or overuse. Diclofenac/Lidocaine cream was recommended in an attempt to add an anti-inflammatory into the injured worker's medication regimen and she was noted to be unable to take oral NSAIDs due to gastrointestinal issues. A urine toxicology screen was recommended for monitoring compliance with her opioid therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone) 10/325mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009, page 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker has been using Norco for chronic pain relief. The duration of use was not specified in the submitted documentation. However, she was noted to have been using this medication for pain prior to her follow-up visit on 08/07/2014 when a refill was recommended. She was shown to have significant pain relief with use of this medication and there was no evidence of significant adverse effects. The documentation also indicated that she was able to ambulate for longer periods of time with use of this medication. However, additional details regarding functional improvement were not provided. Furthermore, while it was noted that she had not shown signs of abuse or overuse of this medication, the documentation did not indicate whether a recent urine drug screen had confirmed appropriate medication use. In the absence of findings consistent with medication compliance on a urine drug screen within a year prior to her refill on 08/07/2014, the continued use of Norco is not supported. In addition, the request as submitted did not indicate a frequency. For these reasons, the request is not medically necessary.

**Diclofenac/Lidocaine cream (3%/5%) 180gm QTY 1: 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 analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use and are primarily recommended to treat neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that compounded topical agents that contain at least 1 drug that is not recommended are not recommended. The clinical information submitted for review indicated that the injured worker did have neuropathic pain with radiating symptoms into the bilateral lower extremities. However, documentation outlining an adequate course of treatment with antidepressants and anticonvulsants was not provided. Topical diclofenac is noted to be used for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The injured worker was noted to have osteoarthritis in the bilateral knees. Therefore, topical diclofenac may be appropriate for the treatment of her knees. However, the site of application was not included with the request and the guidelines state

topical NSAIDs are not recommended for neuropathic pain. In addition, topical lidocaine is noted by the guidelines to only be recommended in the formulation of a dermal patch in the treatment of neuropathic pain. However, no other commercially approved formulations of lidocaine such as creams and gels are indicated for neuropathic pain. Therefore, the lidocaine cream included in the requested topical compound is not supported by the guidelines. Therefore, the topical compound is also not supported as it contains at least 1 drug that is not recommended. In addition, the request as submitted did not include a frequency or site of application. For the reasons noted above, the request is not medically necessary.

#### **Urine Toxicology Screen QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, Criteria for Use, On-going Management Page(s): 43, 78.

**Decision rationale:** According to California MTUS Guidelines, drug testing may be used to assess for the use or presence of illegal drugs. In addition, the ongoing management of opioid therapy should include urine drug screening to verify appropriate medication use. The injured worker was noted to be using Norco, an opioid medication. Therefore, periodic monitoring of a urine toxicology screen to verify compliance is appropriate. However, the documentation did not adequately outline the necessary frequency of urine drug screening for this injured worker based on results of her previous testing. Additionally, it is unclear when the testing had previously been performed and what results were. Therefore, the requested urine toxicology screen is not supported. As such, the request is not medically necessary.

#### **Treatment with Ortho Spine Specialist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** The California MTUS Guidelines state a referral for a surgical consultation is supported for patients with persistent low back pain symptoms and findings suggestive of nerve root dysfunction when they have been nonresponsive to conservative therapy. The clinical information submitted for review indicated that the injured worker had low back pain with radiating symptoms in the bilateral lower extremities, as well as neurological deficits on physical examination. However, the documentation did not clearly outline that a recent course of conservative treatment had been performed prior to the recommendation for an ortho spine specialist consultation. In addition, the request for treatment with an ortho spine specialist is not appropriate without documentation outlining the specific treatment recommendations of the specialist. As such, the request is not medically necessary.