

<b>Case Number:</b>	CM14-0135628		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female who sustained a work related injury on 11/04/2013. Per the Primary Treating Physician's Progress Report dated 7/22/2014, the injured worker reported continued neck and low back pain, rated as 8 out of 10 on a 0-10 verbal scale. Pain was increased with walking longer than 30 minutes. She reports requiring Norco (10/325mg) up to 6 (six) times per day. Physical Examination revealed tenderness to palpation of the cervical spine and lumbar spasm. Her gait was antalgic. She had completed aquatic therapy x 6 (six) sessions with good benefits. Diagnoses included cervical sprain/strain, lumbar sprain/strain and myofascial pain with acute flare up. The plan of care included referral to a pain management specialist and continued medication management. Work Status was temporarily totally disabled. On 08/13/2014, Utilization Review non-certified a prescription for Hydrocodone/APAP 10/325 MG #180, and Flector DIS 1.3% #30 based on lack of medical necessity due to lack of documented functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 80.

**Decision rationale:** The request is for continued Hydrocodone. One provider note is provided noting 8/10 pain with the patient requiring Norco 10/325 up to 6 times per day. There is no mention of pain reduction. The work restrictions state the injured worker is TTD. There is no mention of improvement in function. MTUS guidelines recommend some evidence of efficacy for continuation of medication. The provider notes do not indicate improvement of pain or function. Recommendation is for denial.

**Flector DIS 1.3% #30:** 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 Topical analgesics Page(s): 112.

**Decision rationale:** Request is made for authorization of Flector patch for the spine. There is little evidence to support the use of topical NSAIDs for treatment of osteoarthritis of the spine. There are no notes indicating the injured worker has osteoarthritis of the spine. The use of Flector patches is not supported by MTUS. Recommendation is for denial.