

<b>Case Number:</b>	CM14-0141521		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/28/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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:

The injured worker is a 65 year old female who reported an injury on 07/28/2006 due to a fall. The injured worker had diagnoses of multilevel lumbar disc disease, left knee meniscal tear, and chronic pain. Past medical treatment included medications and a home exercise program. Diagnostic testing included an MRI on 07/22/2009. The injured worker underwent a lumbar laminectomy at L4-L5 and right knee partial medial meniscectomy. The injured worker complained of low back and bilateral lower extremity pain rated 7/10 without medication on 08/04/2014. The physical examination revealed the injured worker used a rolling walker and had a negative straight leg raise bilaterally. Medications included Norco, Medrox patches. The treatment plan was for Norco 10/325 and Medrox patches 6 boxes. The rationale for the request was not submitted. The request for authorization form was submitted on 08/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

**Decision rationale:** The request for Norco 10/325 is not medically necessary. The injured worker complained of low back and bilateral lower extremity pain rating as a 7/10 without medication on 08/04/2014. The injured worker had improved pain, range of motion, and activities of daily living. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation submitted for review indicates that Norco is helping the patient. However, there was not adequate quantified information regarding pain relief. There was no assessment of the injured worker's current pain on a VAS scale, average pain, and intensity of the pain after taking opioid medications, and longevity of pain relief. There is a lack of documentation indicating urine drug screens are consistent with the prescribed medication regimen. In addition, there was no mention of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for ongoing use of Norco is not supported. Therefore, the request for Norco 10/325 is not medically necessary.

**Medrox Patches 6 boxes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topical Page(s): 111; 105.

**Decision rationale:** The request for Medrox Patches 6 boxes is not medically necessary. The injured worker complained of low back and bilateral lower extremity pain rating as a 7/10 without medication on 08/04/2014. The injured worker has diagnoses of multilevel lumbar disc disease, left knee meniscal tear, and chronic pain. The Medrox patch contains menthol, capsaicin, and methyl salicylate. The California MTUS guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. The guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the injured worker has been intolerant to or has not responded to other treatments. There is a lack of documentation indicating all primary and secondary treatment options have been exhausted. Additionally, the request does not indicate the dosage, frequency, quantity, and the application site. As such, the request for Medrox Patches 6 boxes is not medically necessary.

