

<b>Case Number:</b>	CM15-0011353		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/14/2000
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New Jersey, New York  
 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 67 year old female, who sustained an industrial injury on July 14, 2000. She complains of back pain and spasms. Office visit dated January 5, 2015 antalgic gait and tenderness low back. Diagnosis includes lumbosacral disc injury, spondylosis, radiculopathy failed back pain and myofascial pain syndrome. She had a failed lumbosacral fusion in February 2003. Treatment has included Flexeril, Valium and NSAIDs. On December 16, 2014 utilization review non-certified a request for Norco 10/325mg quantity 60, twice daily as needed for pain and Ketoprofen Cream 20% quantity 30 grams. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 15, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty 60, Twice Daily as Needed for Pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and functional capacity. In this limited chart, there is no documentation of what her pain was like previously and how much Norco decreased her pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered medically unnecessary.

**Ketoprofen Cream 20% Qty 30 Grams:** 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): 111-112.

**Decision rationale:** The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs have shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for topical application. The patient has also been on oral NSAIDs and should not be combined with topical applications. Therefore, the request is considered medically unnecessary.