

<b>Case Number:</b>	CM15-0115784		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Michigan  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 male, who sustained an industrial injury on 05/16/2014. He has reported subsequent neck, back and right upper extremity pain and was diagnosed with right shoulder impingement, cervical pain and cervical radiculopathy. The injured worker was also diagnosed with psychological factors affecting chronic pain condition and moderate severity depressive disorder Treatment to date has included medication, physical therapy, acupuncture, steroid injections, cognitive behavioral therapy and a home exercise program. The documentation shows that the injured worker was prescribed Norco and Flector patches since at least 12/11/2014. In a progress note dated 05/28/2015, the injured worker complained of 8/10 pain without medications and 6/10 pain with medications. The location of the pain was not documented. Objective findings were notable for hypertonicity, spasm, tenderness, tight muscle bands and trigger points of the bilateral cervical paravertebral muscles, spasm on the right side of the thoracic paravertebral muscles, decreased range of motion of the right shoulder due to pain, positive Hawkin's test and tenderness to palpation of the subdeltoid bursa and decreased sensation to light touch over the right side of the shoulder. Urine drug screen on 04/02/2015 was consistent for the use of Norco and the physician noted no signs of tolerance, medication dependence or abuse. A request for authorization of 90 tablets of Norco 10/325 mg and 30 patches of Flector 1.3% was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 78.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, long-term use of opioids is discouraged unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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." In addition, as per CA MTUS guidelines one of the red flags that indicate that opioids may not be helpful in the chronic phase is a diagnosis of "pain disorder associated with psychological factors (such as anxiety and depression)." The documentation submitted does detail pain levels before and after the use of medication with some improvement of pain but does not specifically document the effectiveness of Norco vs. other prescribed pain medication and there is no documentation of the least and most reported pain or the duration of pain relief. In addition, although the physician notes that the injured worker's quality of life had improved, objective examination findings continued to show evidence of hypertonicity, spasm, tenderness, tight muscle bands and trigger points in the neck and reduced range of motion of the shoulder despite Norco use and there was no documentation of significant objective functional improvement. Activity levels were noted to be unchanged in the most recent progress notes. In addition, as per the documentation submitted, the injured worker has a diagnosis of psychological factors affecting chronic pain condition and moderate severity depressive disorder. As per CA MTUS guidelines, these diagnoses are red flags that indicate that opioids may not be helpful in the chronic phase and have not been shown success with opioid treatment. Therefore, the request for authorization of Norco 10/325 mg #90 is not medically necessary.

**30 Patches of flector 1.3%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** As per CA MTUS guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." As per CA MTUS Diclofenac is "indicated for relief of osteoarthritis pain in joints that

lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." The documentation indicates that Flector patches were being prescribed to minimize the use of oral pain medications required, however there is no evidence that the injured worker had undergone and failed a trial of anti-depressants or anticonvulsants prior to the start of Flector patches, as per CA MTUS guidelines. In addition, the injured worker's primary pain complaints were in the neck and shoulder and as per CA MTUS guidelines the use of Diclofenac for treatment of pain in these regions of the body has not been evaluated. Therefore, the request for authorization of 30 patches of Flector 1.3% is not medically necessary.