

<b>Case Number:</b>	CM15-0120085		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old female patient who sustained an industrial injury on 08/20/2012. A recent primary treating visit dated 01/22/2015 reported the patient permanent and stationary. The plan of care noted recommending a gym membership. The patient had subjective complaint of with worsening low back pain, mid back pain. The following diagnoses were applied: herniated nucleus pulposus L3-4, L4-5 and L5-S1; spondylosis at L3-4 and left thigh pains. Treating diagnoses were: spondylolisthesis at L3-4, multi-level disc protrusion L3-S1 and radiculopathy. The most recent office visit dated 05/28/2015 reported chief complaint of back pain, mid back pain, left back and thigh pain worsening, and bilateral knee pain since injury. Treatment to date included: anti-inflammatory medication; physical therapy, modification of activities, and pain management. Current medications are: Hydrocodone, Gabapentin and antihistamines. Bilateral knee sprain/strain was added to the treating diagnoses. The plan of care involved pursuing orthopedic consultation for surgical repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use; Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation of pain contract and consistent urine drug screens. However, a progress note on 5/28/2015 indicate the patient's pain is worsening despite taking Norco. There is no indication that the medication is improving the patient's function. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Flector 1.3% patches, #60 with 2 refills:** 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 NSAIDs Page(s): 111-112.

**Decision rationale:** Regarding the request for Flector Patches, the CA MTUS do not address Flector specifically, but do contain criteria for topical NSAIDs. Topical NSAIDs are indicated for short-term treatment (4-12 weeks) of osteoarthritis and tendinitis in joints amenable to treatment such as the elbow, knees, but not of the spine, hip or shoulder. In this case, the primary pain site of application is the lumbar spine and there is no documentation of failure of oral NSAIDs. As such, this request is not medically necessary.