

<b>Case Number:</b>	CM15-0077625		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/09/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 52 year old female, who sustained an industrial injury on 05/09/2010. She reported that while lifting a large trash bag into a container she experienced pain to the low back. The injured worker was diagnosed as having lumbar three to four herniated disc and lumbar five to sacral one protrusion. Treatment to date has included home exercise program, medication regimen, and lumbar epidural steroid injection. In a progress note dated 02/23/2015 the treating physician reports complaints of low back pain that radiates to the left lower extremity with tingling. The pain level is rated a nine out of ten. The treating physician requested the medication of Norco, but the documentation provided did not indicate the specific reason for this requested medication. The documentation provided did not contain the requested medication of Methoderm 15%-10% 240gms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 15% - 10%, 240 grams, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 81, 105.

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

**Decision rationale:** This 52 year old female has complained of low back pain since date of injury 5/9/10. He has been treated with epidural steroid injections, physical therapy and medications. The current request is for Mentherm 15% - 10%, 240 grams, no refills. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Mentherm 15% - 10%, 240 grams, no refills is not medically necessary.

**Norco 10/325 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 52 year old female has complained of low back pain since date of injury 5/9/10. He has been treated with epidural steroid injections, physical therapy and medications to include opioids for at least 1 month duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.