

<b>Case Number:</b>	CM15-0095586		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	06/24/1997
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, California  
 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 was a 64-year-old female, who sustained an industrial injury, June 24, 1997. The injured worker previously received the following treatments left knee brace, Norco, Soma and compound cream. The injured worker was diagnosed with osteoarthritis of the left knee, discogenic back pain, knee sprain/strain and right ankle and feet sprain. According to progress note of March 20, 2015, the injured workers chief complaint was lower back, knee and ankle pain. The injured worker was concerned with decreased muscle mass and strength. The low back pain was rated at 8 out of 10. The pain was described as sharp, stabbing, aching and dull. There was associated numbness and tingling into the left lower extremity. The left knee pain was rated at 8 out of 10. The pain was described as throbbing and aching. The right ankle pain was described as pressure and aching. The pain was rated at 8 out of 10. The pain was aggravated by prolonged sitting, prolonged standing, prolonged walking, walking on uneven surfaces, repetitive bending, repetitive kneeling, repetitive squatting, twisting, carrying, climbing, left heavy objects and cold weather. The physical exam of the lumbar spine noted Valsalva test was positive on both sides. There was moderate tenderness, muscle guarding and spasms bilaterally. The left knee revealed nonspecific tenderness at the left knee. The palpation of the knee indicated moderate tenderness at the medial collateral and lateral collateral on the left. The treatment plan included prescriptions for Norco and Biofreeze lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year without documentation of VAS score reduction with medication use. There is no mention of failure of Tylenol or NSAID use. The continued and chronic use of Norco is not medically necessary.

**Biofreeze lotion:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Low back chapter and pg 13.

**Decision rationale:** Biofreeze is cryotherapy indicated for acute pain. In this case, the claimant's injury is 8 yrs old. Directions for application were not specified. Length of use is unknown. The Biofreeze is not medically necessary.