

<b>Case Number:</b>	CM14-0152429		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/21/2006
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 woman with a date of injury of 5/21/06. She is status post C5-6 surgical fusion. She was seen by her primary treating physician on 9/16/14 with complaints of persistent neck and right upper extremity pain with difficulty sleeping. Her medications were said to be helping her pain. The Flector patch was not authorized and she noted an increase in her pain level. Her exam showed spasms in the cervical paraspinal muscles and stiffness in the cervical spine. Dysesthesia was noted to light touch in the right C6 dermatome with grip strength of 4+/5 in the bilateral intrinsic hand muscles. Her diagnoses were chronic neck pain, post cervical fusion, myofascial pain, and chronic headache with cervicogenic component, right cervical radiculopathy and reflux associated with medications. At issue in this review is the prescription for Norco and Flector patch. Length of prior prescription was not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg PO q 12 hours PRN #60 refills 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic neck and arm pain with an injury sustained in 2006. Her medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics, tricyclic antidepressants and topical agents. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of Norco is not substantiated in the records.

**Flector patch 1.3 percent BID #30 Refills 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding Flector patch in this injured worker, the records do not provide clinical evidence to support medical necessity.