

<b>Case Number:</b>	CM13-0041309		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 34-year-old male who reported an injury on 06/26/2010. The mechanism of injury was not provided. On 11/14/2013 the injured worker presented with neck pain, left shoulder pain, and low back pain with numbness and tingling that radiated to the right thigh. The diagnoses were chronic neck pain with moderate degenerative disc disease C6-7, complaints of depression, anxiety and difficulty sleeping and chronic low back pain, rule out herniated disc. Upon examination the injured worker's gait was antalgic and he was walking with the assistance of a cane. There was painful range of motion to the lumbar and cervical spine. Current medications included naproxen and Prilosec. The provider recommended Prilosec, Medrox and Naprosyn. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION FOR PRILOSEC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS' GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for Prilosec is not medically necessary. According to California MTUS Guidelines Prilosec may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those seeking NSAID medications that are at moderate to high risk for gastrointestinal events. The included medical documents lacked evidence that the injured worker is at moderate to high risk for gastrointestinal events. A complete and adequate pain assessment was not provided. Additionally, the provider's request did not indicate the dose, quantity or frequency in the request as submitted. As such, the request is not medically necessary.

**PRESCRIPTION OF MEDROX:** 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 Analgesics Page(s): 111.

**Decision rationale:** The request for Medrox is not medically necessary. The California MTUS states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Medrox is comprised of Menthol, Capsaicin and Methyl Salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note Capsaicin is recommended for injured workers who are unresponsive or intolerant to other medications. There is lack of evidence that the injured worker is intolerant to or unresponsive to other medications. Additionally, the provider's request does not indicate the dose, frequency, quantity or site that the Medrox cream or patch is intended for in the request as submitted. As such, the request is not medically necessary.

**PRESCRIPTION FOR NAPROSYN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE SIDE EFFECTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for Naprosyn is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including in the hip and for injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. In injured workers with acute exacerbations in chronic low back pain the guidelines recommend NSAIDs as an option for short term symptomatic relief. The provider's request for Naprosyn does not indicate the quantity, dose or frequency of the medication in the request as submitted. Additionally, there is lack of a complete and adequate pain assessment of the injured worker in the documents provided. As such, the request is not medically necessary.

