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| Case Number: | CM13-0043455 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/06/2000 |
| Decision Date: | 02/18/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Pain Management. 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 physician 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:

This is a male patient with the date of injury of May 6, 2000. A utilization review determination dated October 8, 2013 recommends non-certification of Naproxen sodium 550mg x 60, Zanaflex 4mg x 60, and Medrol ointment. The previous reviewing physician recommended non-certification of Naproxen sodium 550mg x 60, Zanaflex 4mg x 60, and Medrol ointment due to lack of documentation of why the prescription Naproxen is being requested as opposed to using an over-the-counter anti-inflammatory, specific objective muscle spasms, and why prescription Medrol ointment is being requested as opposed to using an over-the-counter topical agent. A Supplemental Medical Legal Report dated January 28, 2014 identifies ongoing complaints of low back pain. Clinical exam findings remained abnormal for presence of tenderness over the lumbar paraspinal and lumbosacral junction, positive straight leg raising tests, positive Kemp's test, and limited range of motion consistent with disc pathology. Diagnoses include lumbosacral musculoligamentous sprain/strain, with left sacroiliac joint sprain with evidence of disc desiccation and four-millimeter disc protrusion and bilateral neuroforaminal stenosis at L4-5, with a history of IDET procedure, cervical musculoligamentous sprain/strain with muscle contraction headaches, depressive disorder, and pseudo sexual dysfunction. It is noted the patient has been using pain medications for a period of time with benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550 mg times 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-69.

Decision rationale: Regarding the request for Naproxen sodium 550 mg times 60, Chronic Pain Medical Treatment Guidelines state NSAIDs are recommended as an option for short-term symptomatic relief in the management of chronic low back pain. Within the medical information made available for review, the patient is noted to have ongoing complaints of low back pain. However, it appears the patient has been on pain medications for some time. There is no documentation that the requested Naproxen is intended to be used for short-term symptomatic relief. In the absence of such documentation, the currently requested Naproxen sodium 550 mg times 60 is not medically necessary.

Zanaflex 4 mg times 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for Zanaflex 4 mg times 60, Chronic Pain Medical Treatment Guidelines recommend muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Within the medical information made available for review, there is no documentation that the patient has acute exacerbations. In addition, there is no mention that the requested Zanaflex will be used as short-term treatment. In the absence of such documentation, the currently requested Zanaflex 4 mg times 60 is not medically necessary.

Medrol ointment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

Decision rationale: Regarding request for Medrox (Medrol), Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be

superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, it appears that the topical NSAID is being concurrently used with an oral NSAID. This would significantly increase the risk of complications from this medication class. In addition, the Guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.