

<b>Case Number:</b>	CM13-0047305		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient sustained a left knee injury after a fall on 3/11/2013. The treatments received consist of ice/heat therapy, knee support brace, steroid injections and medications management. The medications listed are Medrox patch, Methoderm gel, Terocin patch for topical analgesia, naproxen 550mg, Tramadol ER 150mg and Norco 10/325mg for pain, cyclobenzaprine 7.5mg for muscle spasm, omeprazole for the prevention and treatment of NSAID induced gastritis and alprazolam for the treatment of anxiety. The records did not indicate the duration of use for these medications. On 10/2/2013, [REDACTED] noted that the left knee had a positive McMurray's sign and a positive compression test.. The patient was authorized for physical therapy and surgery but these had not been completed. The examination report by [REDACTED] on 4/23/2013 did not show any objective physical finding. He noted that the patient had a normal range of motion of the knees and no limitation or pain during squatting. A Utilization Review determination was rendered on 10/29/2013 recommending non-certification of naproxen 550mf #100, cyclobenzaprine 7.5mg #120, omeprazole 20mg #120, tramadol ER 150mg #90, Methoderm gel and Terocin patch for topical analgesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and exacerbations or flare up of musculoskeletal pain. [REDACTED] indicated there was no pain or limitation with various range of motions on the affected knee. The patient have not completed the recommended physical therapy treatments.

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,63-66.

**Decision rationale:** The CA MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that non-sedating muscle relaxants be used with caution as a second-line option for the short term treatment of acute exacerbations or flares ups of symptoms that did not respond to standard treatment with NSAIDs, physical therapy and exercise. The records did not show that the patient had completed the recommended physical therapy program. The use of muscle relaxants should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of sedating muscle relaxants. There is no documentation of subjective or objective findings of muscle spasm and spasticity associated with chronic pain in this patient. The patient is on long term treatment with Cyclobenzaprine 7.5mg.

**OMEPRAZOLE DELAYED RELEASE 20MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71.

**Decision rationale:** The CA MTUS addressed the use of medications for gastrointestinal protection, prophylaxis and treatment of gastritis during chronic NSAIDs therapy. There is no documentation of a history of GERD or gastritis for this patient who is on chronic treatment with omeprazole 20mg. It is recommended that the chronic use of naproxen 550mg be discontinued. The continual use of omeprazole 20mg is not medically necessary.

**TRAMADOL HCL ER 150MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113,74-96.

**Decision rationale:** The CA MTUS addressed the use of tramadol in the treatment of chronic musculoskeletal pain. Tramadol ER is an extended release formulation analgesic that acts on opioid and non-opioid receptors. It can be used as first line medication during titrations of anticonvulsants therapy and during acute exacerbations or flare ups of chronic pain. The use of tramadol is associated with less addicting and sedative properties than pure opioid agonists. The patient has been on chronic treatment with tramadol beyond the acute injury phase. The records indicate that the patient is also on Norco, Imitrex, Alprazolam and Quazepam. [REDACTED] reported lack of physical findings to justify the continual use of tramadol.

**ONE (1) BOTTLE OF MENTHODERM GEL:** Upheld

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

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

**Decision rationale:** The CA MTUS addressed the use of topical analgesics for the treatment of chronic pain. Topical analgesics preparations could be utilized to treat neuropathic pain when trials of anticonvulsants and antidepressants medications have failed. The guideline recommend that topical medications be tried and evaluated individually for efficacy. Any compound product that contains at least one drug or drug class that is not recommended is not recommended. The Methoderm gel contains methyl salicylate 15% and menthol 10%. The use of topical menthol preparation does not meet the criteria for medical necessity in the management of chronic musculoskeletal pain.

**TEN (10) TEROGIN PATCHES:** Upheld

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

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

**Decision rationale:** The CA MTUS addressed the use of topical analgesics for the treatment of chronic pain. The guideline recommends that compounded topical medications be tried and evaluated individually for efficacy. The guideline stipulates that any compound product that contains at least on drug or drug class that is not recommended is not recommended. The Terocin patch preparation contains menthol 10%, lidocaine 2.5%, capsaicin 0.025% and methyl salicylate

25%. This medication contains multiple medications and menthol which did not meet the criteria for medical necessity.