

<b>Case Number:</b>	CM13-0047333		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/17/1999
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/23/2013
<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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. 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 71 year old woman who sustained a work related injury on August 17 1999. Subsequently she developed a chronic back pain. According to a note dated on August 30 2013, the patient reported chronic back and right wrist pain. Her physical examination demonstrated right wrist with grip weakness tenderness and limited lumbar range of motion. Her provider requested authorization to use the medications prescribed below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SALONPAS OVER THE COUNTER PATCHES #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113..

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not

recommended is not recommended. In the medical records provided for review, there is no documentation of a failure of oral pain medications. Therefore, Salonpas over the counter patches, #20 is not medically necessary.

**IBUPROFEN 600MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 107.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. Therefore, the request of Ibuprofen is not medically necessary and appropriate.

**PROTONIX 40MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 102.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Protonix is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The MTUS Chronic Pain Guidelines indicate the risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient was prescribed NSAIDs; however, there is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Protonix 20mg #30 is not medically necessary and appropriate.