

<b>Case Number:</b>	CM13-0054917		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 is a 39-year-old female with a date of injury on 8/19/2013. The patient is being treated for ongoing symptoms related to her neck, back, right wrist, and left heel. The diagnoses include left plantar fasciitis, wrist overuse syndrome, cervical strain, and lumbar strain. The subjective complaints are of burning pain in the left heel to left calf. There is pain in the neck, mid-back, and low back with pressure into the right buttock. There is also right wrist pain that radiates to the elbow. The physical exam shows normal sensory and motor exam of spine and extremities, with decreased range of motion in lumbar and cervical spine. There were negative Tinel's and Phalen's signs in the right hand and diffuse tenderness in the left heel. There is no mention of muscle spasm on physical exam. The x-ray exams are negative. Treatment has included chiropractic care, and medications. The submitted documentation does not show evidence of gastrointestinal (GI) disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX 550MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

**Decision rationale:** The Chronic Pain Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDS) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested Anaprox is medically necessary.

**MENTHODERM 120ML:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATES TOPICAL Page(s): 105.

**Decision rationale:** Menthoderm is a topical analgesic that contains methyl salicylate and menthol. The Chronic Pain Guidelines are clear that if the medication contains one (1) drug that is not recommended the entire product should not be recommended. The Guidelines recognize that topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment of the ankle, elbow, foot, hand, knee, and wrist. This patient has pain in the foot and wrist, which are joints that may benefit from topical treatment. Therefore, the requested menthoderm is medically necessary.

**FEXMID 7.5MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE AND MUSCLE RELAXANTS Page(s): 41-42, 63..

**Decision rationale:** The Chronic Pain Guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using muscle relaxers since onset of injury, which is longer than the recommended Final Determination Letter for IMR Case Number [REDACTED] course of therapy of two to three (2-3) weeks. Furthermore, muscle relaxers in general show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDS) in pain reduction of which the patient was already taking. There is no evidence in the documentation that shows evidence of muscle spasm or that the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for cyclobenzaprine is not medically necessary.

**PROTONIX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, PPI

**Decision rationale:** The Chronic Pain Guidelines indicate that a proton pump inhibitor (PPI) can be added to nonsteroidal anti-inflammatory drug (NSAID) therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. The Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The Official Disability Guidelines (ODG) suggests that proton pump inhibitors (PPIs) are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The ODG guidelines recognize the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Protonix. For this patient, there is no documented trial of Prevacid or Prilosec before moving to a second line medication. Therefore, the medical necessity of Protonix is not established.