

<b>Case Number:</b>	CM13-0058517		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 63 year old female who sustained an injury on 08/15/13. This was a cumulative trauma injury that occurred over several years due to constant standing and walking. The injured worker reported complaints of low back pain without clear radicular symptoms. The injured worker was initially treated with physical therapy and referred to acupuncture and chiropractic therapy. It is unclear if the injured worker received any acupuncture or chiropractic treatments to date. Medications were also prescribed for the patient to include Ultram and anti-inflammatories. The injured worker was seen by [REDACTED] on 09/30/13 for ongoing complaints of low back pain radiating to the lower extremities with associated numbness and tingling. The injured worker reported continuing complaints at the bilateral feet for which she had previously received multiple injections. On physical examination, the injured worker did present with loss of lumbar range of motion. There was tenderness upon palpation in the lumbar paravertebral musculature as well as over the sacroiliac joints. Spasms were noted in the quadratus lumborum muscles. No neurological deficits were present in the lower extremities. There were positive straight leg raise findings noted bilaterally. There was also tenderness to palpation along the plantar ligament of the bilateral feet under the arches consistent with plantar fasciitis. Loss of range of motion in the ankles bilaterally was also noted. The injured worker was referred to chiropractic therapy at this visit and was continued on Ibuprofen as well as Tramadol. The injured worker was also prescribed a topical Cyclobenzaprine cream at this evaluation. The injured worker was recommended to receive an interferential unit as well. There was a handwritten follow up from 10/30/13 which noted continuing complaints of low back pain. No specific physical examination findings were noted with the exception of an antalgic gait favoring the right lower extremity. There was sleep issues noted for which the

patient was prescribed Toprophan. A one month supply of Motrin, Toprophan, and Naproxen cream was denied by utilization review on 11/13/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One Month supply of Motrin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** In regards to the use of Motrin for one month, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transitioned to a over-the-counter medication for pain. The request is not medically necessary.

**One Month supply of Toprophan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manufacturer's Online Insert.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Pain Chapter, Medical Food.

**Decision rationale:** In regards to the requested 1 month supply of Toprophan, this medication is a nutritional supplement containing multiple natural extracts as well as Vitamin B6. It would be considered a medical food. The clinical documentation did not identify any specific nutritional deficit contributing to sleep issues that would have supported the use of Toprophan. It is also unclear whether the injured worker failed reasonable methods of addressing sleep complaints to include standard medications or other non-medication recommendations as recommended by guidelines. Therefore, the request is not medically necessary.

**One Month supply of Naproxen Cream:** 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): 111-113.

**Decision rationale:** In regards to the requested 1 month supply of a Naproxen cream, the injured worker had been previously prescribed oral anti-inflammatories and there was no evidence of any side effect or contraindications for the continuing use of anti-inflammatories. Per guidelines, topical anti-inflammatories can be considered an option in the treatment of musculoskeletal pain when other standard oral medications are either not tolerated or contraindicated. As this is not established within the clinical documentation provided, the request is not medically necessary.