

<b>Case Number:</b>	CM13-0069008		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 is a 48-year-old male who reported injury on 04/14/2010. The mechanism of injury was not provided. The patient's medication history included opioids, muscle relaxants, and Protonix as of early 2013. The medication history revealed the patient was taking NSAIDs as of 10/2013. The documentation of 12/02/2013 revealed that the patient had low back pain and medications helped. The diagnoses were noted to include HNP C5-6 status post ACDF 01/12/2012, low back pain rule out HNP, and status post right shoulder surgery 08/03/2012 and 12/07/2012. The treatment plan was to refill the medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NORCO 10/325MG:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Dosing Page(s): 78, 86.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the

VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient had evidence that he was being monitored for aberrant drug behavior and side effects. There was lack of documentation of an objective improvement in function and an objective decrease in the VAS score. Additionally, the patient's oral morphine equivalents per day would be equal to 330 which exceeds the recommended 120 per guidelines. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Norco 10/325 mg is not medically necessary.

**NAPROXEN 550MG #90:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had been taking the medication since 10/2013. There was lack of documentation indicating the patient had objective functional improvement and an objective decrease in the VAS score. Given the above, the request for naproxen 550 mg #90 is not medically necessary.

**FEXMID 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been on the medication since 03/2013. There was a lack of documentation of objective functional improvement. Given the above, the request for Fexmid 7.5 mg #60 is not medically necessary.

**ULTRAM 150MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Dosing Page(s): 78, 86.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review failed to indicate documentation of a decrease in the VAS score and objective improvement in function. There was documentation the patient was being monitored for aberrant drug behavior and side effects. Additionally, the oral morphine equivalents would be 330 per day which exceeds the guideline recommendations of 120 mg. Given the above, the request for Ultram 150 mg #60 is not medically necessary.

**PROTONIX 20MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

**Decision rationale:** California MTUS Guidelines recommend PPI is for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient had been taking the medication since early 2013. There was a lack of documentation indicating the efficacy of the requested medication. Additionally, as the NSAID, naproxen was not medically necessary, the request for Protonix would not be medically necessary. Given the above, the request for Protonix 20 mg #60 is not medically necessary.

**MENTHODERM OINTMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

**Decision rationale:** California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Mentherm ointment is not medically necessary.