

<b>Case Number:</b>	CM14-0105556		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/27/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 37-year-old male who reported an injury on 05/27/2013. The mechanism of injury was not provided. The injured worker's diagnoses included musculoligamentous sprain/strain of the cervical spine and lumbar spine and herniated nucleus pulposus of the right L5-S1. The injured worker's past treatments included medications and physical therapy. On the clinical note dated 04/30/2014, the injured worker complained of low back pain increased more after activity. The injured worker had normal reflex, sensory, and power testing to the bilateral upper extremities and bilateral lower extremities except for mild numbness and weakness on the right at S1. Straight leg raise and bowstring are positive on the right. Range of motion to the lumbar spine was noted as decreased by 25%. On the clinical note dated 04/01/2014, the injured worker rated his pain in his low back at best 5/10, at worst 9/10, and currently 8/10. The injured worker's medications included Naproxen Sodium 550 mg twice a day, Methoderm Ointment twice a day, Tramadol HCL ER 150 daily. The request was for retrospective Anaprox DS, Naproxen Sodium 550 mg, Methoderm Ointment, and Ultram 150 mg for the date of 04/30/2014. The rationale for the request was not provided. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox-DS Naproxen Sodium 550 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

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

**Decision rationale:** The retrospective request for Anaprox DS (Naproxen Sodium) 550 mg 1 tablet twice a day for inflammation #90 dispensed 04/30/2014 is not medically necessary. The injured worker is diagnosed with musculoligamentous sprain/strain of the cervical spine and lumbar spine and herniated nucleus pulposus of the right L5-S1. The injured worker complains of low back pain that increases with activity rated 8/10 currently and varies from 5/10 to 9/10. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. The injured worker's medical records lack documentation of efficacy of the medication, the period of efficacy, the efficacy of functional status that the medication provides, and pain rating premedication and post medication. As such, the retrospective request for Anaprox DS and Naproxen Sodium 550 mg 1 tablet twice a day for inflammation #90 dispensed 04/30/2014 is not medically necessary.

**Menthoderm Ointment 120 ml, #1:** Upheld

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

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

**Decision rationale:** The retrospective request for Mentoderm Ointment 120 mL #1 dispensed 04/30/2014 is not medically necessary. The injured worker is diagnosed with musculoligamentous sprain/strain of the cervical spine and lumbar spine and herniated nucleus pulposus of the right L5-S1. The injured worker complains of low back pain increased with activity rated 8/10 currently and carries from 5/10 to 9/10. The California MTUS Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also state that topical salicylate is significantly better than placebo in chronic pain. Mentoderm contains menthol and methyl salicylate. The injured worker's medical records lack documentation of failed trials of antidepressants and anticonvulsants. In addition, the injured worker's medical records lack documentation of the efficacy of the current medication regimen to include pain rating of functional status. Additionally, the request does not indicate the dosage and frequency of the topical analgesic. As such, the retrospective request for Mentoderm Ointment 120 ml #1 dispensed 04/30/2014 is not medically necessary.

**Ultram 150 mg Tramadol 1 cap #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

**Decision rationale:** The retrospective request for Ultram 150 mg (Tramadol) 1 capsule 1 time a day #60 dispensed 04/30/2014 is not medically necessary. The injured worker is a diagnosed with musculoligamentous sprain/strain of the cervical spine and lumbar spine and herniated nucleus pulposus of the right L5-S1. The injured worker complains of low back pain that is increased with activity. The injured worker rates his pain currently 8/10 and varies from 5/10 to 9/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is a synthetic opioid affecting the central nervous system. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation included a urinary drug screen dated 04/30/2014 that was not consistent with the medication regimen. The documentation did not include side effects of the medications. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request for the retrospective Ultram 150 mg (Tramadol) 1 capsule 1 time a day #60 dispensed 04/30/2014 is not medically necessary.