

<b>Case Number:</b>	CM14-0010905		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/17/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Internal 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 59 year old male who sustained an injury on 03/17/03. The mechanism of injury was not documented. The injured worker has been followed for complaints of chronic low back pain with radicular symptoms in the lower extremities. The injured worker is noted to have had prior lumbar decompression with subsequent development of post-laminectomy syndrome. The injured worker has been provided multiple medications to include a Lenza gel, Anaprox 550mg used daily, and Zantac 150mg. Celebrex had been discontinued due to side effects including increased blood pressure. The laboratory report from 11/12/13 noted a positive finding for Benzodiazepines and negative findings for Norco. The clinical report from 11/06/13 noted limited range of motion of the lumbar spine with straight leg raise positive at 65 degrees bilaterally. There was decreased strength and sensation in the lower extremities in an S1 nerve root distribution. Tenderness to palpation and muscular spasms in the lumbar spine were noted. The requested Anaprox 550mg, quantity 30 with 5 refills, Zantac 150mg, quantity 30 with 3 refills, and Lenza gel were all denied by utilization review on 01/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF ANAPROX DS 550MG #30 WITH 5 REFILLS:** 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 Anaprox 550mg, quantity 30 with 5 refills, the injured worker was recommended to switch to Anaprox due to side effects from Celebrex. The trial would have been appropriate for a 30 day period only. Per the last utilization report, this request was modified to a quantity of 30 without refills. Given that the injured worker was recommended for a trial of Anaprox only, this reviewer would not have certified the request with multiple refills as asked.

**PRESCRIPTION OF ZANTAC 150MG #30 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Zantac. (2013). In Physicians' desk reference 67th ed.

**Decision rationale:** In regards to Zantac 150mg, the injured worker did have noted prior gastrointestinal symptoms with the use of antiinflammatories. The previous utilization review report did recommend continued use of antiinflammatories for 1 additional month. Therefore, the report modified the request for Zantac 150mg, quantity 30 for 1 additional month only. This reviewer would have agreed with this modification and would not have certified the multiple refills of Zantac as there was limited indication for ongoing use of Anaprox more than 1 month. Therefore, this reviewer would not have recommended certification for the request as submitted.

**PRESCRIPTION OF LENZA GEL:** 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 use of Lenza gel, this topical medication includes Menthol and Lidocaine. Per current evidence based guidelines, topical analgesics for chronic pain are largely considered experimental and investigational. They can be considered an option in the treatment of neuropathic pain. In this case, there is no indication that the injured worker has failed to improve with the use of 1st line medications for neuropathic or radicular symptoms such as the use of anticonvulsants or antidepressants. Therefore, this reviewer would not have recommended certification for the request.