

<b>Case Number:</b>	CM14-0114712		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 08/27/09. She continues to be treated for low back pain and lumbar radiculopathy. She was seen on 09/23/13 with back pain. Pain was rated at 6-7/10. There was a pending epidural injection and she had started physical therapy. On 09/27/13 a caudal epidural injection was performed. After the injection she participated in a course of physical therapy. As of 11/05/13 she had ongoing back pain with intermittent spasms. Pain was rated at 7-8/10. Physical examination findings included painful and decreased lumbar range of motion with decreased lower extremity strength. There was left hip and lumbosacral junction tenderness. Recommendations included continued physical therapy two times per week for 12 sessions. She was seen by the requesting provider on 01/16/14. There had been greater than 50% pain relief lasting for 10-12 weeks after the epidural injection. A second injection was requested. On 02/11/14 she was seen with a flare up of low back pain. Pain was rated at 8.5/10 with medications and 10/10 without. On 03/27/14 she was having ongoing low back pain radiating to the left lower extremity. Pain was rated at 6/10 with and 7/10 without medications. Nucynta 75 mg #15, Anaprox 550 mg two times per day, Theramine #120, Tylenol number 3 #60, and Ketoflex ointment was prescribed. She was to continue taking Flexeril which was being prescribed by her primary care physician. On 05/08/14 she was having left hip and buttock pain. Pain was rated at 5/10 with and 7/10 without medications. Urine drug screening test results were reviewed. Medications were refilled. An MRI of the lumbar spine is referenced as showing a left lateralized L4-5 foraminal protrusion and disc bulging at L5-S1 with mild facet arthropathy. None of the examinations documented include physical examination findings other than for reporting of vital signs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 500mg #90 no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p91.

**Decision rationale:** The claimant has a history of a work injury occurring more than 5 years ago and continues to be treated for low back pain and lumbar radiculopathy. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain and radicular pain syndromes. The claimant is being treated for both of these diagnoses. Dosing is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested strength (550 mg) with quantity of 90 is in excess of the maximum recommended dose and therefore not medically necessary.

**Medrox patches #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

**Decision rationale:** The claimant has a history of a work injury occurring more than 5 years ago and continues to be treated for low back pain and lumbar radiculopathy. Medrox is a combination of methyl salicylate, menthol, and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Topical analgesics work locally underneath the skin where they are applied and can be recommended for patients with chronic pain where the target tissue is located superficially. This claimant does not have localized pain. Therefore, the Medrox patch was not medically necessary.

