

<b>Case Number:</b>	CM14-0150728		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/01/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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, 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 underlying date of injury in this case is 02/01/2014. The date of the initial utilization review under appeal is 08/20/2014. The treating diagnoses include cervical radiculopathy, lumbosacral radiculopathy, right shoulder impingement, and a thoracic sprain. Treating physician PR-2 report of 07/30/2014 discusses complaints of cervical, thoracic, lumbar, and right shoulder pain with decreased cervical range of motion including spasm, guarding, and tenderness and numbness in the right upper extremity with the C5 and C6 dermatomes. The treating physician's treatment plan included Anaprox as an anti-inflammatory for breakthrough pain, Norflex to be used to address intermittent flares not addressed with home exercise, Prilosec given a history of gastroesophageal reflux disease exacerbated with medications, and a Terocin patch to reduce oral medication use and improve function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications recommends anti-inflammatory medications as a first line of treatment but cautions that long-term use may not be warranted. This medication may be indicated, but it is not clear that 5 refills would be appropriate without interim physician supervision. The need for interim supervision is particularly relative given a history of gastric upset from such medications for which gastric prophylaxis has been recommended. For these reasons, this request for Anaprox with 5 refills is not supported by the treatment guidelines. This request is not medically necessary.

**Norflex 100mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants recommends muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. A prescription for #60 tablets with 5 refills substantially exceeds these guidelines and suggests ongoing chronic use rather than rare, isolated use as recommended by the treatment guidelines. For this reason, the request for Norflex with 5 refills is not supported by the treatment guidelines. This request is not medically necessary.

**Prilosec 20mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories and GI symptoms Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms recommends the clinician should determine if the patient is at risk for gastrointestinal side effects. Related to this, the section on anti-inflammatory medications, page 22, notes that long-term use of anti-inflammatories may not be warranted. Thus Prilosec may be indicated to treat gastric upset from NSAIDS. However, it is not clear that continuation of such gastric prophylaxis and NSAIDS is indicated for 5 refills without ongoing physician supervision. For these reasons, the request for Prilosec with 5 refills is not supported by the guidelines. This request is not medically necessary.

**Terocin patches #60 with 5 refills:** Upheld

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states regarding this class of medications that it is largely experimental use with few randomized trials to determine efficacy or safety. The treatment guidelines recommend specific discussion by the treating physician to discuss the goals of this medication and the proposed mechanism of action of each component ingredient. The medical records do not contain this detail at this time. Moreover, particularly given the equivocal support for such medications and the treatment guidelines, it is not clear that 5 refills would be indicated without ongoing physician monitoring for both safety and efficacy. Therefore, the request for Terocin with 5 refills is not supported by the treatment guidelines. This request is not medically necessary.