

<b>Case Number:</b>	CM14-0157241		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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 represented employee who has filed a claim for chronic neck pain and myofascial pain syndrome reportedly associated with an industrial injury of April 12, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 15, 2014, the claims administrator denied the request for naproxen, Prilosec, Mentherm, and Norco. The injured worker's attorney subsequently appealed. In a June 24, 2014 progress note, the injured worker reported ongoing complaints of neck pain reportedly associated with an industrial contusion injury. The injured worker was not working and had been on disability since May 2013, the attending provider acknowledged. The injured worker was asked to continue physical therapy, manipulative therapy, and traction while beginning acupuncture. Naproxen, Tramadol, and Mentherm were endorsed. The injured worker was started on Norco. The injured worker was asked to continue Imitrex for migraine headaches. In a handwritten September 2, 2014 progress note, the injured worker was asked to continue Norco, naproxen, Prilosec, and Mentherm. Severe, constant neck pain was noted. There was no explicit discussion of medication efficacy. In a handwritten note dated August 5, 2014, the injured worker was again given refills of naproxen, Tramadol, Prilosec, Norco, and Mentherm. Severe, 10/10 neck pain was noted. There was no explicit discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (Non-Steroidal Anti-Inflammatory), Page(s): 67-68, and.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic; 9792.20f; Functional Restoration Approach to Chronic Pain M.

**Decision rationale:** While page 22 in the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications, such as naproxen do represent the traditional first-line treatment for various chronic pain conditions. This recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. However, the injured worker is off of work, on total temporary disability. The attending provider has failed to outline the injured worker's benefit of ongoing naproxen usage. The injured worker is off of work and remains dependent on opioid agents such as Norco, implies a lack of functional improvement as defined in the MTUS 9792.20f. Therefore, the request is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** On page 69 in the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of non-steroidal anti-inflammatory drugs (NSAIDs)-induced dyspepsia. However, in this case the progress notes on file made no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

**Menthoderm ointments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical Page(s): 111, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Topic; Functional Restoration Approach to Chronic Pain Management Section; 97.

**Decision rationale:** On page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Menthoderm are recommended in the treatment of chronic pain, as is present here. However, this recommendation is qualified by commentary

made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the injured worker remains off of work and remains dependent on opioids agents such as Norco implies a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Menthoder. Therefore, the request is not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is off of work. The injured worker's pain complaints are consistently described as severe, in the 10/10 range, despite ongoing usage of Norco. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing Norco. Based on the guidelines and the medicals evidence, this request is not medically necessary.