

<b>Case Number:</b>	CM14-0167125		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old man who sustained a work-related injury on March 2, 2013. Subsequently, he developed chronic right leg pain. The patient was treated with anti-inflammatory, analgesics, pain medications, TENS unit, acupuncture, and physical therapy with a transition to a home exercise program. According to a note dated August 25, 2014, the patient complained of constant low level right calf pain that increases with walking. He reported that his pain increases at night. His right lower leg will get hot and he will have swelling when he walks. He noted that his veins came out after the injury. He reported that his right calf pain radiates to the ankle and this is a throbbing, aching pain. Physical examination revealed significant varicosities below the right knee over the anterior shin/leg area. There is a 6x8 cm darkened area, which is over the medial leg below the knee. The patient described a sensory abnormality nonspecifically in this area but also spreading several inches around it. Sensation was otherwise normal. His lower body strength was normal to manual muscle testing. Straight leg raise was negative. Gait was normal. Reflexes were +2 at the knees and ankles. In a progress report dated September 19, 2014, the patient continued complaining of right leg pain. He rated his pain as a 5/10 in severity. On examination, the patient's right leg was swollen and had enlarged veins. The patient was diagnosed with sprain/strain of the right lower extremities and right lower extremities myofascial pain. The provider requested authorization for Naproxen and Methoderm Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60, refill-1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDs Page(s): 72.

**Decision rationale:** Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve OTC). Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of Naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or Naproxyn: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (Total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higher analgesia is required). Pain: Naprosyn or Naproxyn: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Extended-release not recommended due to delay in absorption. There is no documentation of the rationale behind using Naproxen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of Naproxen. There is no documentation of pain and functional improvement of previous use of Naproxen. Therefore, the request for Naproxen 550 mg is not medically necessary.

**Menthoderm Gel 120gm#1, refill 1:** Upheld

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

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

**Decision rationale:** Menthoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore,

according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Methoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Methoderm Gel is not medically necessary.