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| <b>Case Number:</b>   | CM14-0022771 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 07/30/2008 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 02/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 Interventional Spine 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 patient is 54 year old male with an injury date of 07/30/08. The 01/27/14 progress report by [REDACTED] states that the patient presents with pain in the bilateral feet exacerbated with prolonged standing/walking activities. Pain is rated 10/10 without medications. The patient is not working. Examination reveals that the patient has difficulty with toe walking. The patient's diagnoses include: Crush injury of both feet, Amputation of right big toe, multiple fractures of both feet, and Secondary sprain/strain with degenerative changes of the lumbar spine. Continuing medications are reported as tramadol, naproxen, omeprazole and cyclobenzaprine. New medications are listed as Ultram, Prilosec and Flexeril. The utilization review being challenged is dated 02/12/14. Treatment reports were provided from 04/17/13 to 01/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX 550MG #60 NO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 60,61,22,67,68.

**Decision rationale:** The patient presents with pain in the bilateral feet rated 10/10 without medication. No scale was provided for with medication. The treater requests for Anaprox 550 mg #60. The 02/12/14 utilization review modified this request from 3 refills to 0 refills. Apparently, the treater is requesting for what is in effect 1 refill. MTUS guidelines for medications for chronic pain state pages 60, 61 state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." It is not known exactly when the patient began taking this medication; however, treatment reports provided show it as a listed medication since at least 08/14/13. MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. Without any discussion regarding the medication, it cannot be considered, however. Therefore recommendation is for denial.