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| <b>Case Number:</b>   | CM14-0032000 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 06/03/2012 |
| <b>Decision Date:</b> | 11/10/2014   | <b>UR Denial Date:</b>       | 02/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2014 |

### 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 Family 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:

This injured worker's date of injury is 06/03/2012. This patient receives treatment for chronic low back with lower limb radiation and left knee soreness. The patient had arthroscopic left knee surgery that included a lateral retinacular release. On exam the patient has tenderness to palpation at the right paralumbar region. SLR son the right triggers low back and buttock pain. The treating physician's diagnoses include sprain of knee and leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco10/325 (Quantity Unknown): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83.

**Decision rationale:** The treatment guidelines for chronic pain recommend opioids with limitations, because clinical studies do not show that opioid therapy improves function and can lead to tolerance, addiction, adverse behavior, and hyperalgesia. In addition, the documentation in this case fails to state what the daily dose is and what the monthly amount of the drug is. Based on the documentation, Norco is not medically necessary.

**Naproxen (Dosage and Quantity Unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** NSAIDS may be clinically indicated to treat osteoarthritis or acute flair ups of low back pain, they are prescribed at the lowest possible dose for the shortest length of time. Long-term NSAID therapy exposes the patient to complications of the GI tract (GI bleeding) and cannot be used with patients with chronic kidney disease. There was no documentation of clinical monitoring of either complication. Naproxen is not medically necessary.

**Menthaderm (Dosage and Quantity Unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Mentherm is a topical analgesic containing methylsalicylate, an NSAID. Topical analgesics are considered experimental to treat any musculoskeletal condition, because clinical trials fail to show any long-term benefit. Topical NSAIDS specifically are not recommended for the long-term treatment of pain. Mentherm is not clinically necessary.

**Pantoprazole (Dosage and Quantity Unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Pantoprazole is a PPI, which may be medically indicated for patients with a documented history of GI ulcers or lower GI tract bleeding when taking NSAIDS. The documentation does not show this history. Pantoprazole is not medically necessary.