

<b>Case Number:</b>	CM14-0050311		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 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 injured worker is a 24-year-old male who was injured on 10/2/12 due to crush injury to the right foot when a refrigerator came off the chain and fell on his foot resulting in a non-displaced fracture of the metatarsal neck and head. The prior treatment consisted of medications, physical therapy and use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. In 2013, right foot pain continued with shooting pain in the right leg and low back pain. Naproxen and Polar Frost ointment were started. A proton pump inhibitor was added for significant gastrointestinal (GI) upset. In 2014, right foot neuroma injection was administered to the metatarsal bone and interspace area. On 3/19/14, a UR review denied Polar Frost ointment due to unavailability of guidelines present for one of the components of this ointment. Naproxen was not indicated due to GI side effects and consistent pain despite its use. However, low dose naproxen could be used in absence of side effects. An evaluation on 5/21/14 indicated the patient had significant relief of low back and right foot pain after an epidural steroid injection. There was diminished sensation to light touch along the medial and lateral borders of the right leg, calf, and foot. Muscle strength in the right extensor hallucis longus (EHL) and plantar flexors were 4+/5 and tenderness was reduced at right metatarsal head. The diagnoses were status post second metatarsal head and neck non-displaced fracture, bone contusion involving first metatarsal bone, lumbar strain/sprain, L5-S1 disc protrusion/extrusion with S1 nerve root compression, chronic myofascial pain syndrome, neuroma of second metatarsal bone and depression. Treatment planned was naproxen 550 mg, twice daily for pain control, Neurontin 600 mg, twice daily for tingling and numbness, Norflex for muscle spasms and Protonix for stomach upset and heartburn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION FOR POLAR FROST OINTMENTMENT: 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 9792.24.2 Page(s): 111-113.

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the medical records document the patient has had significant relief after epidural injection. Furthermore, there is no documentation of improvement in pain and function with its prior use. Therefore, the medical necessity of the request is not medically according to the guidelines.

**1 PRESCRIPTION FOR NAPROXEN 550MG #120: 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 9792.24.2 Page(s): 66, 67, and 73.

**Decision rationale:** According to the CA MTUS guidelines, Naproxen NSAIDs is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The medical records indicate that the patient has experienced GI upset. Furthermore, there is no documentation of improvement in pain and function with its use. Therefore, the request is not medically necessary according to the guidelines.