

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0061627 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 01/27/2004 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 04/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/02/2014 |

### 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:

This is a 36-year-old male with a 1/27/04 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/2/14, the patient was seen for medication refills and has been working his usual and customary job. Objective findings: normal reflex, sensory, and power testing to bilateral upper and lower extremities; normal gait; isolated lumbar tenderness; lumbar spine ROM (Range of Motion) decreased. Diagnostic impression: status post L5/S1 fusion, acute lumbar spine strain. Treatment to date: medication management, activity modification. A UR decision dated 4/28/14 denied the request for Mentherm and modified the requests for Anaprox from 90 tablets to 60 tablets and Orphenadrine from 60 tablets to 30 tablets for as needed use. Regarding Anaprox and Orphenadrine, there are no documented VAS (visual analog scale for pain) scores noting ongoing efficacy with the chronic use of this medication. However, the patient is noted to be working, therefore, the request is modified to 60 tablets for as needed use for acute exacerbations. A specific rationale for the denial of Mentherm was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox-DS Naproxen Sodium 550mg 90 tabs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports provided for review, there is no documentation of functional gains or pain improvement from the use of Anaprox. Guidelines do not support the chronic use of NSAIDs without documentation of functional improvement. Therefore, the request for Anaprox-DS Naproxen Sodium 550mg 90 tabs was not medically necessary.

**Norflex Orphenadrine 100mg 60 tab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is unclear how long the patient has been taking Orphenadrine. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Norflex Orphenadrine 100mg 60 tabs is not medically necessary.

**Menthoderm Ointment 120ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**Decision rationale:** CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There was no rationale provided as to why the patient requires this brand name product

instead of an over-the-counter formulation. Therefore, the request for Menthoderm Ointment 120ml is not medically necessary.