

<b>Case Number:</b>	CM14-0071827		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 22-year-old male who reported an injury on 09/16/2013 due to slipping and falling on an oily floor. The injured worker had a history of lower back and left leg pain with numbness and tingling. Diagnostics included X-ray of the lumbar spine that was within normal limits. However, possible lumbar disc herniation and muscle ligamentous sprain/strain. The past treatments included physical therapy, work hardening and conditioning, and 6 sessions of chiropractic therapy. Per the clinical notes dated 12/10/2013 the objective finding to the lumbar spine revealed a flexion of 45 degrees and extension of 30 degrees, normal heel and toe ambulation with minimal tenderness to the left lumbar and thoracic paravertebral muscles with minimal spasms. The objective findings also revealed deep tendon reflexes were 2+, negative straight leg raise, and 5/5 bilateral strength to the lower extremities. The medications included ibuprofen, Biofreeze, and Flexeril. The treatment plan included modified work with limitations or restrictions. The rationale for the Anaprox, Mentherm, Tramadol, and Norflex was not provided. The request for authorization form dated 05/01/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox-DS Naprozen Sodium 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anaprox Page(s): 72 -73.

**Decision rationale:** MTUS Guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs, for the shortest duration of time consistent with the individual patient treatment goals. Per the documentation provided there is no evidence that the injured worker was diagnosed with osteoarthritis. The request for the Anaprox did not address the frequency. As such, the request is not medically necessary.

**Menthoderm Ointment 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Medications Page(s): 71.

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

**Decision rationale:** The Menthoderm ointment 120 mg is non-certified. The CA/ MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The request did not indicate the frequency. As such, the request is non-certified.

**Utram Tramadol HCL ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management page Page(s): 82, 93, 94, 113 ; page 78.

**Decision rationale:** MTUS Guidelines states central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. MTUS Guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes provided, no neuropathic pain had been

addressed, and there is no apparent documentation addressing aberrant drug taking behavior. The request did not address frequency or duration. As such, the is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64-65.

**Decision rationale:** MTUS Guidelines indicate that Orphenadrine is similar to Diphenhydramine but has a greater anticholinergic effect. The mode of action is not clearly understood. The effects are thought to be secondary to analgesic and anticholinergic properties. The clinicals did not indicate the therapeutic effect it would have on the injured worker. The guidelines indicate that the Orphenadrine is not clearly understood, and is therefore not medically necessary.