

<b>Case Number:</b>	CM14-0095874		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 & Rehabilitation, has a subspecialty in pain Management and is licensed to practice in Texas & Oklahoma. 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 54-year-old male who reported an injury on 08/30/2012. The mechanism of injury was not submitted within the reports. The injured worker has a diagnosis of lumbar sprain/strain. The injured worker's past medical treatment included the use of a TENS unit, a home exercise program, heat therapy, and medication therapy. Medications included Flexeril, Methoderm, and naproxen 500 mg. The duration and frequency were not submitted within the documentation. There were no pertinent diagnostic studies submitted for review. The injured worker complained of low back pain. The injured worker rated his pain at a 4-5/10 with minimal right hand pain. The submitted report dated 06/03/2014 revealed no objective physical findings on the injured worker. The current treatment plan is for the injured worker to continue the use of a TENS unit, continue a home exercise program with heat therapy, and the continuation of Methoderm and naproxen. The rationale and the request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Anaprox Page(s): 72-73.

**Decision rationale:** The request for Naproxen 550 mg is non-certified. The injured worker complained of low back pain. The injured worker rated his pain at a 4-5/10 with minimal right hand pain. The California 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. As the guidelines state, naproxen is recommended for relief of osteoarthritis but is also states that it is recommended at its lowest effective dose and in shortest duration of time. The submitted reports did not indicate how long the injured worker had been taking naproxen. Long-term use of naproxen in people with osteoarthritis has a high risk for developing NSAID-induced gastric or duodenal ulcer. The guidelines also recommend that naproxen be given at its lowest effective dose, which is 250 mg; given that the request is for 500 mg, it exceeds the MTUS Guidelines. Furthermore, the frequency, duration, and quantity were not submitted within the request. The efficacy of the medication was also not provided within the submitted report. As such, the request for naproxen sodium 550 mg is non-certified.

**Menthoderm 120mg:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines indicate 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. Menthoderm consists of methyl salicylate 15% analgesic/counter adherent and menthol 10% analgesic/counter adherent. Given the above, Menthoderm is not recommended by the MTUS. Furthermore, there was no literature to support efficacy, an advantage over over-the-counter medications or other medications already being prescribed. There was also no evidence of antidepressants and anticonvulsants having been tried and failed. The submitted request also did not specify a dosage, duration, or frequency of the medication. As such, the request for Menthoderm 120 mg is not medically necessary.

**TENS Electrodes x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. The submitted report lacked any quantified evidence of failure to prior conservative care to include physical therapy, a home exercise program, and/or NSAID use. The only notations on medications were vague and failed to note dosage, frequency, or duration. Furthermore, the guidelines state that there should be proper documentation and proposed necessity in the use of the TENS unit. The submitted request lacked a specific spot of the injured worker that the electrical stimulation unit would be used. The efficacy of the TENS unit was also not documented. Furthermore, there were no notations in the submitted report stating that the injured worker was suffering from chronic neuropathic pain. Given that the medical necessity of the TENS unit is unclear, the request for TENS electrodes times 2 is not medically necessary.