

<b>Case Number:</b>	CM14-0107121		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/14/2004
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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 patient with a date of injury of 8/14/04. A utilization review determination dated 6/25/14 recommends non-certification of Trixaicin, Naproxen, and Prochlorper. 6/6/14 medical report identifies low back pain radiating down the RLE with numbness intermittently in the BLE to the feet and insomnia associated with ongoing pain. Pain is 7.5/10 with medication and 10/10 without, and the patient is said to report "GERD related, medication associated gastrointestinal upset... Current medications are helping with function." On exam, there is tenderness, spasm, limited ROM secondary to pain, pain significant increased with flexion and extension, sensory exam unchanged, and lower extremity flexor and extensor strength unchanged from prior exam. Recommendations included Ambien, gabapentin, MS Contin, Naproxen, Norco, Omeprazole, Robaxin, Trixaicin, Compazine, and Lyrica. These medications are all said to be "beneficial with intended effect at prescribed dose." However, Trixaicin cream and gabapentin were then recommended to be discontinued "(due to adverse reaction) (per patient request)."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trixaicin HP Cream, 0.75% day supply: 30 QTY: 120 refills: 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 Page(s): 111-113.

**Decision rationale:** Regarding the request for Trixaicin, CA MTUS states that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, while the provider notes that the medication is "beneficial with intended effect at prescribed dose," he later notes that it should be discontinued "(due to adverse reaction) (per patient request)." In the absence of clarity regarding the above issues, the requested Trixaicin is not medically necessary.

**Naproxen Sodium Tabs 550 mg day supply: 30 QTY: 60 Refills 0:** 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 Page(s): 67-72.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. The patient has apparently been taking the medication chronically along with multiple opioids, muscle relaxants, anticonvulsants, and other agents, but collectively, there is pain relief of only 2.5 points on the VAS scale and, while functional improvement is mentioned, no specific examples are provided. The efficacy of this medication has not been clearly identified and there is no clear rationale for ongoing use. In the absence of clarity regarding the above issues, the currently requested Naproxen is not medically necessary.

**Prochlorper Tab 10 mg. Supply: 20 QTY: 60, Refills 0:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics

**Decision rationale:** Regarding the request for Prochlorper, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Within the documentation available for review, there is no rationale presented for the use of the medication despite the recommendations of ODG and there is no description of any nausea/vomiting and

demonstrated efficacy of this medication. In the absence of clarity regarding those issues, the currently requested Prochlorper is not medically necessary.