

<b>Case Number:</b>	CM14-0138325		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Emergency 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:

The patient is with reported date of injury on 6/1/2007. No mechanism of injury was documented. Patient has a diagnosis of acquired ankle and foot deformities and lumbosacral deformities. Medical reports reviewed. The last report is available until 7/24/14. Patient complains of L ankle pain and wears a brace. There is not a single documented pain assessment or review of side effects documented in any of provided reports. The objective exam reveals lumbar paravertebral tenderness with spasms. Range of motion is limited. Straight leg raise is positive bilaterally. Strength and motor is intact. L Ankle exam reveals tenderness to palpation. Range of motion is restricted. "Some" laxity noted. No imaging or electrodiagnostic reports were provided. Current medications include Medrox, Ketoprofen, Omeprazole, Carisoprodol and Norco. Independent Medical Review is for Medrox Pain Relief, Ketoprofen 75mg #30, Omeprazole DR 20mg #30, Carisoprodol 350mg #60 with 2refills(#180total) and Norco 5/325mg #60 with 2 refills(#180total). Prior UR on 8/4/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Relief:** Upheld

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

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

**Decision rationale:** Medrox is a combination topical medication. It contains capsaicin, methyl-salicylate and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended."1)Methyl-Salicylate: Shown to be superior to placebo. Should not be used long term. Patient has been on this for at least 4months. No improvement. Not recommended.2)Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective as a second line treatment. There is no documentation of any treatment failure using current therapy or failure of other 1st line treatment to even recommend a trial of capsaicin. It is not medically necessary.3)Menthol: No data in MTUSAs per MTUS guidelines since all components are not recommended, the combination medication is not recommended.

**Ketoprofen 75mg #30:** 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 NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** Ketoprofen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation by the provider about why Ketoprofen is being prescribed chronically and there is no documented improvement. Ketoprofen is not medically necessary.

**Omeprazole Dr 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Ketoprofen which is not recommended in this review and in prior UR. There is no documentation of dyspepsia or increased risk of GI bleed. Since patient has no indication for PPI and NSAID is not recommended, Prilosec/Omeprazole is not medically necessary.

**Carisoprodol 350 MG #60 Refill 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29.

**Decision rationale:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The number of refills is excessive and not appropriate for such a medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.

**Norco 5/325 MG #60 Refill 2:** 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 Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has completely failed to document a single required component as per MTUS guidelines. There is not a single documented pain scale, assessment for abuse or side effects or documentation of improvement. The number of refills is not appropriate does not meet MTUS guideline requirement for close monitoring of chronic opioid therapy. Norco prescription is not medically necessary.