

<b>Case Number:</b>	CM14-0204929		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/08/2001
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

MTUS Guidelines do not address this issue. ODG Guidelines do address this issue and do not recommend routine pre-op chest x-rays without a reasonable suspicion of lung disease that might affect the surgery. Risks for lung disease are not documented. In addition, the extra radiation is not a totally benign procedure. There is a very slight increased risk of later development of cancer from the radiation, making avoidance of unnecessary x-rays a desirable goal. Under these circumstances, the Chest X-ray is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

**Decision rationale:** MTUS Guidelines recommend the careful use of NSAID medication for inflammatory conditions affecting the knee and for flare-ups of low back pain. This individual meets Guideline criteria for the use of NSAID medications. The Naprosyn 550mg #60 is medically necessary.

**Soma 350mg #30:** 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 Page(s): 29.

**Decision rationale:** MTUS Guidelines specifically address Carisoprodol (Soma) and Guidelines do not recommend its use under any circumstances. The Soma 350mg #30 is not medically necessary.

**Ambien 10mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** MTUS Guidelines does not address this issue. ODG Guidelines address this issue in detail and they support hypnotic medications only after specific medical assessment recommendations. The recommended assessment includes a detailed assessment of the type and duration of the insomnia; the requesting physician has not fulfilled this requirement. There is no reported medical assessment of this individual's insomnia to justify the use of hypnotic medications. The Ambien 10mg #15 is not medically necessary.

**Menthoderm gel 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Drugs.

**Decision rationale:** MTUS Guidelines support the use of non-prescription topical counter irritants, however this particular product is dispensed as a specialty prescribed compounded product and is essentially the same as over the counter products such as Ben-Gay. ODG Guidelines specifically address the medical appropriateness of prescribed compounded products and do not recommend them if they have the same ingredients that are contained in over the counter products. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested prescribed compounded Menthoderm gel is not medically necessary.

