

<b>Case Number:</b>	CM14-0207988		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 45 year old female who was injured on 9/19/2008. She was diagnosed with low back pain, chronic lumbar strain and bilateral knee pain. She was treated with physical therapy and medications, including Terocin and Naproxen. On 9/25/14, the worker was seen by her treating physician reporting having restarted work one month prior, but part-time only. She reported having more pain with cramping at work. She was undergoing physical therapy for her knees and back. Physical findings included walking with a cane and ability to stand on toes and heels. She was then recommended to continue her tramadol ER, naproxen, Lunesta, Protonix, Terocin, and LidoPro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is

used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, who was injured years prior to this request for continuation of chronic use of naproxen for her back and bilateral knee pain, there was no evidence that clearly showed naproxen improving the worker's overall function or reducing the overall pain levels with its use. Also, there was no evidence to suggest the worker was experiencing an acute flare-up which required a short course of an NSAID. Therefore, considering the lack of evidence of long-term benefit and chronic use generally not being recommended, the request is considered medically unnecessary to continue.

**Terocin Patches #20:** 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:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no evidence to suggest she had any neuropathic-type pain from the subjective complaints or the objective findings as documented in the progress notes provided for review. Also, if this worker still actually had neuropathic pain, but not documented my mistake, there was also no evidence of having tried and failed first-line therapies. Also, there was no documented evidence that Terocin was improving the worker's function. Therefore, the request is considered medically unnecessary.