

<b>Case Number:</b>	CM14-0122690		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 and Rehabilitation, 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 a 51-year-old male who has submitted a claim for lumbar sprain associated with an industrial injury date of 08/04/2013. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain radiating to the left leg, associated with numbness and tingling sensation. Physical examination revealed lumbar paraspinal tenderness and limited range of motion. Treatment to date has included oral medications such as Naproxen (since at least March 2014), Tramadol (since at least March 2014) and Prilosec (since at least March 2014), topical ointment Methoderm (since at least March 2014), work restrictions, physical therapy and acupuncture. Utilization review from 07/18/2014 denied the request for Naproxen because there is no clear documentation of length of use for NSAIDs or clear history of analgesic effect or functional improvement with use of Naproxen. The request for Tramadol was also denied because the analgesic response was not recorded to justify refill. The same review denied the request for Prilosec because there is no mention if any ongoing gastrointestinal complaint to justify the further use of Prilosec. The request for Methoderm was also denied because there is no documented trial and subsequent failure of first-line agents such as antidepressants or anticonvulsants prior to requested Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month Supply of Naproxen: 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 9792.24.2 NSAIDs Page(s): 66.

**Decision rationale:** As stated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed naproxen since at least March 2014, which is beyond what the guideline suggests. In addition, there was no documentation of functional improvement in the documents submitted. The request did not also specify dosage. Therefore, the request for 1 month supply of Naproxen is not medically necessary.

### **1 Month Supply of Tramadol: 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 Tramadol (Ultram), Page(s): 93-94, 113.

**Decision rationale:** According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since March 2014. There was no documented evidence of pain relief and functional improvement from the medication. In addition, specific measures of analgesia and improvements in activities of daily living were not documented. There was also no documentation of adverse effects. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request did not specify the amount of medication to dispense and the dosage of the medication. Request was incomplete. Medical necessity has not been established. Therefore, the request for 1 month supply of Tramadol is not medically necessary.

### **1 Month Supply of Prilosec: 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, GI Symptoms and Cardiovascular Risk, Page(s): 68.

**Decision rationale:** Prilosec is a brand name for the proton pump inhibitor omeprazole. According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient started taking Prilosec since March 2014. The patient is concurrently taking Naproxen since at least July 2013. However, recent progress reports did not report a gastrointestinal complaint from the patient. Documentation also did not provide subjective or objective evidence of gastrointestinal distress that would still necessitate Prilosec use. The 51-year old patient has no risk factors for a gastrointestinal event. Therefore, the request for 1 month supply of Prilosec is not medically necessary.

**1 Month Supply of Mentherm Ointment: 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 Salicylate topicals, page 105; Topical Analgesics, Page(s): page 111, 105;.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. The guidelines state that while the guidelines referenced support the topical use of methyl salicylates, the requested Mentherm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, the patient was prescribed Mentherm since at least March 2014. There was no documentation of intolerance to oral pain medications; it is unclear as to why oral pain medications will not suffice. Furthermore, the guidelines state that there is lack of published evidence proving that Mentherm is superior compared with over-the-counter methyl salicylate and menthol products. There is no discussion as to why the specific brand is needed. Therefore, the request for 1 month supply of Mentherm is not medically necessary.