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| <b>Case Number:</b>   | CM14-0161125 |                              |            |
| <b>Date Assigned:</b> | 10/06/2014   | <b>Date of Injury:</b>       | 08/16/2011 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 09/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2014 |

### 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 Orthopedic surgeon, and is licensed to practice in Arizona. 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 35-year-old male with a date of injury of 8/16/2011. As a result of the injury the patient alleges pain in the lower back with radiation into the right leg. The patient has undergone a functional restoration program. His electrodiagnostic studies were normal. An MRI scan of 2011 revealed some degenerative disc disease with a slight disc protrusion. The patient has been on naproxen for an extended period of time. He is also on capsaicin topical and Protonic because of symptoms he gets from the naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream SIG: apply to affected area 3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines capsaicin Page(s): 28-29.

**Decision rationale:** According to the chronic pain guidelines this medication is used topically for chronic nonspecific back pain and may be useful in patients whose pain is not controlled successfully with conventional therapy. However the high dose of 0.075% has not been shown to provide any further efficacy then the standard dose of 0.025% and this high dose is considered

experimental. Therefore, based on the chronic pain guidelines, the medical's necessity for the use of this high dose formulation have not been established, therefore it is not medically necessary.

**Pantoprazole Protonix 20mg #60 (ms) SIG: 1-2 daily: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, and NSAIDs

**Decision rationale:** This patient is not at risk for gastrointestinal events, so he does not need a protein pump inhibitor for this reason. The ODG states that patients with dyspepsia from non-steroidal anti-inflammatory drugs (NSAID) therapy should first stop the NSAIDs, switch to a different NSAID, or consider H2-receptor antagonist or a protein pump inhibitor. Therefore, the ODG gives a stepwise program for decreasing the dyspepsia. This stepwise program needs to be followed first before the use of a protein pump inhibitor can be considered medically necessary.

**Naproxen Sodium-Anaprox 550mg #90 SIG: take 1 every 12 hours with food: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Naproxen Page(s): 67-69, 73,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** This patient has been on NSAIDs for several months according to the documentation available. Chronic pain guidelines recommend the lowest dose for the shortest period of time in patients with moderate to severe pain. With regards to back pain, they should be reserved for acute exacerbations of chronic pain. NSAIDs were not considered more effective than acetaminophen for acute low back pain. In addition, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. Therefore, based on the guidelines, the medical necessity for the ongoing use of NSAIDs has not been established, therefore the request is not medically necessary.