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| <b>Case Number:</b>   | CM14-0163716 |                              |            |
| <b>Date Assigned:</b> | 10/08/2014   | <b>Date of Injury:</b>       | 03/05/2014 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 09/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2014 |

### 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 Internal Medicine 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:

The injured worker is a 47 year old woman with a work related injury dated 3/5/14 resulting in chronic pain in the low back. The diagnosis include lumbosacral sprain/strain, left knee patellar chondromalacia and left knee contusion. Previous treatment has included oral analgesic medications, topical analgesic medications and physical therapy. There is an MRI report done 5/22/14 which shows posterior disc bulge effacing the ventral surface of the thecal sac at L1 to L4 and facet joint hypertrophy resulting in mild to moderate bilateral neural foraminal narrowing with bilateral exiting root compromise. The primary provider evaluated the patient on 9/8/14 and continued to complain of low back and left knee pain. The physical exam shows decreased range of motion of the spine and left knee joint line tenderness. The plan of care included use of Ibuprofen, Prilosec and Menthoderm cream. Under consideration is the medical necessity of these medications as they were denied during utilization review dated 9/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen:** Upheld

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

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

**Decision rationale:** All NSAIDs have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDs may compromise renal function. According to the MTUS NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDs are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. In this case there is no documentation to support that the Ibuprofen is at the lowest possible dose. The use of Ibuprofen is not medically necessary.

**Prilosec:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Omeprazole is not medically necessary.

**Menthoderm cream:** Upheld

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

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

**Decision rationale:** According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. With regards to methyl salicylate, it is recommended for use in the MTUS for chronic pain as it is significantly better than placebo. The MTUS is silent regarding menthol. However, the MTUS also states that if any part of a compound medication is not medically necessary the entire medication is not medically necessary. The documentation

doesn't support that the patient has tried and failed antidepressant and anticonvulsant medications, therefore the use of Methoderm cream is not medically necessary.