

<b>Case Number:</b>	CM14-0091100		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Nevada. 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 records presented for review indicate that this 64 year old she was reportedly injured on November 1, 2011. The mechanism of injury is undisclosed. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of distal lower extremity pain. The physical examination demonstrated tenderness over the tensor fascia latae (TFL) muscle, a slight reduction in sensation. Diagnostic imaging studies were not reviewed. Previous treatment includes medications, pain management techniques, and physical therapy. A request was made for multiple medications and was not certified in the preauthorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox pain relief ointment apply to affected area twice a day refill 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** The records reflect that the injured worker has not seen any significant improvement relative to the right ankle and low back. If anything the pain symptoms are increasing. Thus, when noting the date of injury, the injury sustained, and that the compounded

topical preparation is not working there is no efficacy identified. Furthermore, as outlined in the Medical Treatment Utilization Schedule (MTUS) it is noted that if any single component of a compound preparation is not warranted in the entire preparation is not warranted. This preparation includes lidocaine and there is no documentation of a neuropathic lesion. As such, this medication is not clinically indicated getting the entire preparation.

**Ketoprofen 75mg capsule take 1 daily #90 refill 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 72 of 127.

**Decision rationale:** This is a nonsteroidal antiinflammatory medication. It has indication in those situations where there is an osteoarthritis or other inflammatory process. This injury is a ligamentous compromise and as such there is no inflammatory processes noted. Therefore when noting the parameters outlined in the Official Disability Guidelines (MTUS) as well as the clinical examination presented the medical necessity for this preparation is not been established.

**Omeprazole DR 20mg capsule take 1 daily #30 refill 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and Gastrointestinal Symptoms Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

**Decision rationale:** As outlined in the Official Disability Guidelines (MTUS), this medication can be used as a treatment for gastritis as a protectorate against those taking nonsteroidal medications. However, there needs to be clear symptomology and clinical reason presented as to why this medication is being employed. The nonsteroidal medication has no further medical necessity, therefore the protectant aspect is obvious. There are no complaints of pain as such treatment for gastritis is also not warranted. Therefore, based the medical records presented for review this is not clinically indicated.

**Orphenadrine ER 100mg tablet take 1 twice daily #60 refill 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 65 of 127.

**Decision rationale:** This muscle relaxant is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms. There is no data presented to

suggest that this individual has spasticity that is present as to why this medication. Furthermore, this is not identified as a chronic pain situation. Therefore, based on the clinical information presented for review this medication is not medically necessary.