

<b>Case Number:</b>	CM14-0197825		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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 had his injury on 9/18/14 and was seen by his orthopedic primary treating doctor on 9/8/14. He was noted to have lumbar spine pain with pain in the left hip and pain, numbness, and tingling noted in both legs. The pain was noted to be 8/10 and was exacerbated by bending, kneeling, and driving. He had had an MRI which read L5-S1 disc bulge or herniation and discogenic disease. He had been treated with medication, PT, and chiropractic care. The diagnosis was L5-S1 disc herniation, rule out progressive herniation. The UR refused to authorize Naproxen, Flexeril, Ultram, Protonix, and Menthoderm ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox-Dx Naproxen Sodium 550mg #90:** Overturned

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

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

**Decision rationale:** The guidelines state that Naprosyn or Naproxen and NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects.

NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. In the above patient we have a chronic condition with severe pain in which multiple pain meds are needed to control severe pain. No side effects have been noted from the medicine. Therefore, this med should be allowed to be used. The request is medically necessary.

**Fexmid Cyclobenzaprine 7.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** Flexeril is a skeletal muscle relaxant and the MTUS notes it to be better than placebo for treatment of back pain but it states that the effect is modest at the price of a greater side effect profile. It was most efficacious in the first four days of treatment and this suggests that a short course of therapy may be most efficacious. It is also noted to be useful for the treatment of fibromyalgia. Up- to- Date states that, the side effect profile includes drowsiness, dizziness, xerostomia, headache, constipation, nausea, diarrhea, weakness, fatigue, and confusion. In the above patient we have a chronic condition and Flexeril is best used for acute conditions and not chronic use. Therefore, the request is not medically necessary.

**Ultram Tramadol Hcl Er 150mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,77,94.

**Decision rationale:** The chronic pain section of the MTUS notes that Ultram or Tramadol is a central acting analgesic and has opioid activity and inhibits reuptake of serotonin and norepinephrine and is reported to be effective in neuropathic pain and its side effects are similar to traditional opioids The MTUS also states that it should not be given with Soma because of the combination causing euphoria and sedation. It also states that prior to starting it other traditional pain meds should be tried such as NSAID's and that opioids are not a first line treatment for pain. It also notes the patient should be screened for possible abuse potential and other traits that would make a patient unreliable such as depression. The patient has chronic pain and should be allowed to have this medicine. This request is medically necessary.

**Protonix Pantoprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 68 and 69.

**Decision rationale:** Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermediate risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. The above patient had no medical indication for the use of Protonix. It is recommended to be given in a patient taking NSAID's with intermediate or high risk of ulcer disease, but no ulcer disease risk has been documented. Therefore, the request is not medically necessary.

**Mentherm Ointment 120ml (DOS: 11/03/2014):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Medications Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 and 111.

**Decision rationale:** It is noted in the MTUS that topical pain medication use is largely experimental and lack randomized controlled trials. They are mostly used for neuropathic pain after trials of antidepressants and anticonvulsants have been tried. The medicine is applied locally and lacks systemic side effects, drug interactions, and need to titrate dose. Many are compounded from different medicines. The effects of each component must be known and if there is one compound not recommended in the mixture the entire compounded medicine cannot be recommended. We note that the specific medication Mentherm contains both 10% menthol and 15% methyl salicylate. The MTUS does note that Ben Gay contains methyl salicylate and is a recommended medicine for topical use and that it is better than placebo for chronic pain treatment. We also note that the methyl component is a local anesthetic and is found in over the counter regimens as a throat counter-irritant. In the above patient there is chronic pain and this topical has been shown to help alleviate muscular pain without side effects. Therefore, it would be in the patient's benefit to have this med. This request is medically necessary.