

<b>Case Number:</b>	CM15-0117286		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 24 year old male, who sustained an industrial/work injury on 7/12/10. He reported initial complaints of headaches and dizziness with head and back injury. The injured worker was diagnosed as having post traumatic head syndrome, cognitive disorder, s/p T12-L2 fracture and decompression and instrumental surgery on 7/14/10, costochondritis, urinary/fecal incontinence. Treatment to date has included medication, surgery, and diagnostic testing. Currently, the injured worker complains of vertigo, tinnitus, fatigue, chest pain, lower back pain, lower extremity pain, and memory deficits. Per the primary physician's progress report (PR-2) on 5/20/15, lumbar spine spasm and decreased range of motion bowel and bladder incontinence, difficulty ambulating due to lower back pain and weakness, uses a cane and walks with a limp, decreased sensation to pelvic region and left lower extremity, positive tenderness to sternum. Current plan of care included audiology testing, transcutaneous electrical nerve stimulation (TENS) unit, psychotherapy, urology, orthopedic evaluation, medication, physical therapy, gym membership. The requested treatments include Anaprox 550mg, unknown prescription of Macrobid, Ducolace and Neupro 1mg patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), Back pain, Neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs 67-68.

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has using this medication daily since 2012. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.

**Unknown prescription of Macrobid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011428/>.

**Decision rationale:** The MTUS and ODG guidelines are silent on the use of macrobid. Per the US Library of Medicine, Macrobid is used to treat urinary tract infections. Per the documentation submitted for review it is noted that the injured worker toilets independently and self catheters every 4-6 hours. Per progress report it was noted that he recently had a urinary tract infection. Macrobid is indicated, however, absent dosage and quantity information, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of this request. The request is not medically necessary.

**Unknown prescription of Ducolace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core.

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

**Decision rationale:** Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Per the documentation submitted for review, the requested medication was prescribed for the injured worker's fecal incontinence. However, absent quantity and dosage information, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of this request. The request is not medically necessary.

**Neupro 1mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012053/?report=details#uses>.

**Decision rationale:** The MTUS and ODG are silent on the use of Neupro. Per the US Library of Medicine, Rotigotine transdermal patch is used to treat symptoms of Parkinson's disease, sometimes called shaking palsy. It is a dopamine agonist that helps improve muscle control and reduce muscle stiffness to allow more normal movements of the body. Rotigotine is also used to treat a condition called Restless Legs Syndrome (RLS). RLS is a neurologic disorder that affects sensation and movement in the legs. This results in an irresistible feeling of wanting to move your legs to make them comfortable. Per the documentation submitted for review, the requested medication was prescribed for the injured worker's periodic limb movement disorder. Polysomnogram dated 3/2/14 found abnormal PLM. The requested medication has been in use since 10/2014. Neupro is indicated, however, absent quantity information, the medical necessity of the request cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for #30. The request is not medically necessary.