

Case Number:	CM13-0064869		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2012
Decision Date:	06/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 is a 44 year old male who was injured on 2/1/2012. The diagnoses listed are right wrist pain and left shoulder pain. There are associated diagnoses of insomnia, anxiety and depression. The patient is also diabetic. There is a history of GI symptoms that are being treated with Prilosec. The patient has completed group therapy and biofeedback treatments in 2013. He is currently undergoing physical therapy and acupuncture treatments which are providing significant pain relief. The 11/4/2013 clinic note by [REDACTED] of the Spine Center did not provide detailed subjective or objective findings. The medications are listed as Ultram, naproxen 550mg bid and naproxen cream for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN CREAM 240GM WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS addressed the use of topical NSAIDs for the treatment of chronic musculoskeletal pain. The chronic use of NSAID medications can lead to cardiovascular, renal and gastrointestinal complications. Topical NSAIDs are indicated for patients who cannot tolerate oral NSAIDs because of a history of gastrointestinal side effects. The efficacy of topical NSAIDs preparation diminishes over time during chronic use. The combined use of multiple NSAIDs in both oral and topical formulations is associated with significant increase in gastrointestinal complications including GI bleeding. This patient is utilizing oral naproxen and topical naproxen preparations concurrently. There is no documentation of NSAID related gastrointestinal side effects. The patient did not meet the criteria for topical naproxen cream 240gm with 1 refill.