

<b>Case Number:</b>	CM14-0001950		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Occupational 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:

According to the records made available for review, this is a 41-year-old female with a 11/5/10 date of injury. At the time of request for authorization (12/12/13) for Naproxen cream #1, there is documentation of subjective (chronic low back pain with numbness and tingling in the lower extremity and left knee pain) and objective (antalgic gait, left knee popping and locking, and right lower extremity weakness) findings, current diagnoses (status post left knee ACL repair, lumbar spine sprain/strain, and bilateral L5 and S1 radiculopathy), and treatment to date (physical therapy and medications). There is no documentation of the intention to treat over a short course (4-12 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN CREAM, QUANTITY OF ONE,:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies that topical NSAIDs (non-steroidal anti-inflammatory drugs) may be useful for chronic musculoskeletal pain

for short term use (4-12 weeks), but there are no long-term studies of their effectiveness or safety; and that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Within the medical information available for review, there is documentation of diagnoses of status post left knee ACL (anterior cruciate ligament) repair, lumbar spine sprain/strain, and bilateral L5 and S1 radiculopathy. In addition, there is documentation of chronic musculoskeletal pain. However, there is no documentation of the intention to treat over a short course (4-12 weeks). The request for Naproxen cream, quantity of one, is not medically necessary or appropriate.