

Case Number:	CM14-0101359		
Date Assigned:	07/30/2014	Date of Injury:	07/09/2013
Decision Date:	10/02/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 43-year-old gentleman was reportedly injured on July 9, 2013. The mechanism of injury is noted as being thrown. The most recent progress note, dated April 15, 2014, indicates that there are ongoing complaints of bilateral knee pain, bilateral shoulder pain, right wrist pain, and left knee pain. The physical examination demonstrated tenderness over the lumbar spine with a normal lower extremity neurological examination. There was a negative straight leg raise test bilaterally. Examination of the knees noted bilateral medial and lateral joint line tenderness. Diagnostic imaging studies of the lumbar spine show a disc protrusion at L5 - S1 abutting the exiting right-sided L5 nerve root as well as a disc protrusion at L4 - L5 abutting the descending L5 nerve roots bilaterally and the exiting bilateral L4 nerve roots. Previous treatment included acupuncture and physical therapy. A request had been made for Naproxen cream and was non-certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen cream 240gm with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. The progress note dated April 15, 2014, includes diagnosis of spinal strains, shoulder strains, and a concern for and an ACL tear of the knee, none of which would be amenable to treatment with topical anti-inflammatory medications. As such, this request for Naproxen cream is not medically necessary.