

Case Number:	CM14-0116161		
Date Assigned:	08/04/2014	Date of Injury:	12/14/2013
Decision Date:	09/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/24/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49 year old female who reported an injury on 12/14/2013; the mechanism of injury was not provided. Diagnoses included cervicogenic headaches, and cervical and lumbar spine sprain/strain with radiculopathy. Past treatments included acupuncture, chiropractic care, and physical therapy. Past diagnostic studies included an electrodiagnostic study of the lower extremities which was performed on 03/03/2014 and an electrodiagnostic study of the upper extremities which was performed on 12/14/2013. The clinical noted dated 07/01/2014 stated the injured worker complained of cervical and lumbar spine pain rated 7/10, and recurrent numbness to the arms. Physical exam of the spine indicated tenderness to palpation and muscle spasms. Per the clinical note dated 07/01/2014, oral naproxen was discontinued and the requested naproxen cream was ordered. The treatment plan included topical naproxen cream. The physician recommended topical Naproxen as the injured worker had increased blood pressure with oral Naproxen. The request for authorization was submitted on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Naproxen cream 480gm: Upheld

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

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

Decision rationale: The injured worker complained of cervical and lumbar spine pain and recurrent numbness to the arms. The California MTUS Guidelines indicate that topical non-steroidal antiinflammatory agents (NSAIDs) are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joint that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is noted that oral naproxen was discontinued due to increase in blood pressure. However, there is no clinical documentation indicating the injured worker has osteoarthritis. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Therefore, the request for topical naproxen cream is considered not medically necessary.