

<b>Case Number:</b>	CM14-0119951		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/21/2003
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 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:

This is a 51-year-old male with a 6/21/13 date of injury. According to a progress report dated 4/29/14, the patient presented with chronic back and leg pain managed with oral medications, self-directed physical therapy, and topical creams with success. The intensity of his pain went up and down with his activity level. He has failed to get enough relief from the oral medications. Objective findings: limited lumbar spine range of motion with pain, radiation of low back pain down the bilateral legs, straight leg raising associated with pain, low back spasms in the quadratus lumborum. Diagnostic impression: lumbar strain, lumbar nerve root injury, muscle spasm. Treatment to date included: medication management, activity modification, self-directed and physical therapy. A UR decision dated 7/2/14 denied the request for Naprosyn transdermal compound cream. It is noted that the patient is taking the oral NSAID Anaprox. Oral and topical NSAIDS are not recommended for concurrent use due to increased risk of adverse effects, especially GI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 15% transdermal compound cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Topical Analgesics NSAIDS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, with little to no research to support the use of many these agents. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of NSAIDs in a topical cream/lotion formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Naprosyn 15% transdermal compound cream was is not medically necessary.