

Case Number:	CM14-0155368		
Date Assigned:	09/25/2014	Date of Injury:	09/27/2013
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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:

Patient is a 49-year-old male who has submitted a claim for lumbar disc displacement, associated with an industrial injury date of 9/27/2013. He was injured when he attempted to put a printer down on a table and experienced back pain. Medical records from March 2014 to September 2014 were reviewed. Patient complained of back pain and left-sided radicular leg pain. He described the pain as constant, dull, and achy. VAS of 5-7/10. His low back pain radiated to the left lower extremity. He occasionally had sharp/shooting pain, but denied burning like pain in the extremities. Patient also complained of occasional numbness in the bilateral feet and legs. Pain was worse with prolonged standing and sitting. Chiropractic therapy and physical therapy did not help. Physical examination showed the low back with pain that radiated down the left leg, extension at 5 degrees with pain, positive bilateral straight leg raise test, decreased but symmetric deep tendon reflexed, and an abnormal gait. EMG and NCV, dated July 2014, revealed active denervation potentials in the left anterior tibialis muscle. MRI of the lumbar spine showed disc disease and bulging. Treatment to date has included diclofenac, Norco, Neurontin, Voltaren gel, steroid injections, acupuncture, chiropractic treatment, and physical therapy. Utilization review from September 17, 2014 denied the request for Naprosyn 15% transdermal compound cream. There is little evidence to utilize topical NSAIDs for treatment to the spine, hip, or shoulder.

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 TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that topical NSAIDs, such as Naproxen, the active component of Naprosyn, are indicated for osteoarthritis and tendinitis of the knee and elbow, or other joints amenable to topical treatment. There is little evidence for the spine, hip, or shoulder. The only FDA approved agent is Voltaren Gel 1% (diclofenac). In this case, there is no documentation of failure of or intolerance to oral pain medications. The patient is likewise on oral diclofenac and Norco. Furthermore, topical NSAID application over the spine is not recommended. Therefore, the request for Naprosyn 15% transdermal compound cream, is not medically necessary.