

<b>Case Number:</b>	CM14-0172482		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/11/1994
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 & Rehabilitation, 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 72 year-old patient sustained an injury on 5/11/1994 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Naprosyn transdermal compound cream 15%, QTY: 120 grams dispensed on 9/17/2014. Diagnoses included lumbar discogenic syndrome, scoliosis, muscle spasm, sciatica, lumbar nerve root injury, depression, anxiety, and stress. Report of 9/17/14 from the provider noted the patient with chronic ongoing low back pain with axial and radicular symptoms in right L3 and L4 distribution, needing medication refills. Medications list Kadian, Norco, Zanaflex, Xanax, Celebrex, Nucynta, Valium, and Zohydro ER. Exam showed low back muscle spasm, lumbar scoliosis, absent right knee jerk, radicular pain down right L3 and L4 distribution to lateral calf and great toe; limited range with extension of 10 degrees at L5-S1 level. The request(s) for Retrospective request for Naprosyn transdermal compound cream 15%, QTY: 120 grams dispensed on 9/17/2014 was non-certified on 9/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Naprosyn transdermal compound cream 15%, QTY: 120 grams dispensed on 9/17/2014: Upheld**

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

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

**Decision rationale:** This 72 year-old patient sustained an injury on 5/11/1994 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Naprosyn transdermal compound cream 15%, QTY: 120 grams dispensed on 9/17/2014. Diagnoses included lumbar discogenic syndrome, scoliosis, muscle spasm, sciatica, lumbar nerve root injury, depression, anxiety, and stress. Report of 9/17/14 from the provider noted the patient with chronic ongoing low back pain with axial and radicular symptoms in right L3 and L4 distribution, needing medication refills. Medications list Kadian, Norco, Zanaflex, Xanax, Celebrex, Nucynta, Valium, and Zohydro ER. Exam showed low back muscle spasm, lumbar scoliosis, absent right knee jerk, radicular pain down right L3 and L4 distribution to lateral calf and great toe; limited range with extension of 10 degrees at L5-S1 level. The request(s) for Retrospective request for Naprosyn transdermal compound cream 15%, QTY: 120 grams dispensed on 9/17/2014 was non-certified on 9/26/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Celebrex and topical compounded Naproxen posing an increase risk profile without demonstrated extenuating circumstances and indication. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1994 without documented functional improvement from treatment already rendered. The Retrospective request for Naprosyn transdermal compound cream 15%, QTY: 120 grams dispensed on 9/17/2014 is not medically necessary and appropriate.