MAXIMUS Federal Services

Case Number:	CM14-0022236		
Date Assigned:	06/11/2014	Date of Injury:	10/20/2010
Decision Date:	08/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery 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:

The injured worker is a 66-year-old female was reportedly injured on October 20, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 31, 2014, indicated that there were ongoing complaints of right shoulder pain with popping and clicking and low back pain radiating to the left lower extremity. The physical examination demonstrated an antalgic gait favoring the left lower extremity. There was tenderness of the lumbar spine with spasms. There were normal lower extremity strength and a positive left and right straight leg raise test. Atrophy was noted of the lower extremities. Physical therapy for the lumbar spine was recommended as well as a functional capacity evaluation, medical clearance, a home exercise program, and work conditioning. Previous treatment included a lumbar epidural steroid injection, which was beneficial. A request had been made for Napro cream and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPRO CREAM 240GM #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112 OF 127.

Decision rationale: According to the medical record, the injured employee has been diagnosed with a right shoulder rotator cuff tear and low back pain radiating to the left lower extremity. According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, topical anti-inflammatory medications are indicated for osteoarthritis particularly that of the knee and elbow. It is specifically stated that there is little evidence to utilize this medication for treatment of arthritis of the spine, hip, or shoulder. For these reasons, this request for Napro cream is not medically necessary.