

Case Number:	CM14-0042927		
Date Assigned:	06/30/2014	Date of Injury:	08/24/2012
Decision Date:	08/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 male patient has a date of injury of 8/24/12. Subsequent to his injury he has developed chronic low back pain with a diagnosis of radiculopathy and facet syndrome. He has been treated with facet rhizotomies and epidural injections. Electrodiagnostic studies have confirmed a right sided L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 15% cream 240gm and Capsaicin 0.0375% 60gm: 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: MTUS Chronic Pain Guidelines are very specific on the subject of topical Analgesics. Only FDA approved agents are recommended and Naprosyn Topical is not FDA approved as a topical Agent. There are other FDA approved NSAID topicals available if a topical NSAID is essential. Guidelines are also very specific that Capsaicin Cream greater than .025% is not recommended. Both the Naprosyn 15% topical and Capsaicin .0375% are not Guideline recommended and there are no unique circumstances to justify an exception to

Guideline recommendations. Both the Naprosyn 15% and Capsaicin .0375% are not medically necessary.