

<b>Case Number:</b>	CM14-0044738		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 49 year old female who was injured from cumulative trauma until 6/14/2010. The diagnoses are neck pain, left shoulder pain, headache, bilateral De Quervain syndrome and bilateral hands pain. There are associated numbness and tingling sensations. The X-Ray of the cervical spine showed multilevel spondylosis, facet degeneration and neural foramina stenosis. The EMG/NCS of the upper extremities did not show any abnormality. The patient completed PT and chiropractic treatments. ██████████ noted that the 1/15/2014 UDS was consistent. The medications are Advil / Motrin and Naprosyn cream for pain. A Utilization Review was rendered on 2/24/2014 recommending non certification for Motrin 600mg #60 and Naprosyn topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600 mg bid #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73.

**Decision rationale:** The MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. NSAID can be utilized at the lowest possible dose for the shortest duration during periods of exacerbations for flare ups of chronic musculoskeletal pain. The use of multiple NSAIDS in both oral and topical formulation is associated with significant incidence of complication including gastrointestinal bleeding. The records indicate that the patient is also utilizing topical Naprosyn. The criteria for intermittent use of Motrin 600mg #60 is medically necessary.

**Topical Naprosyn cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113.

**Decision rationale:** The MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. NSAID can be utilized at the lowest possible dose for the shortest duration during periods of exacerbations for flare ups of chronic musculoskeletal pain. The use of multiple NSAIDS in both oral and topical formulation is associated with significant incidence of complication including gastrointestinal bleeding. The records indicate that the patient is also utilizing oral formulation of Motrin. The efficacy of topical NSAIDs decreases over time during chronic use. The Topical Naprosyn cream is not medically necessary.