

<b>Case Number:</b>	CM14-0054398		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/06/2004
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 gentleman who was reportedly injured on December 6, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 17, 2014, indicated that there were ongoing complaints of neck pain, back pain, left arm pain as well as numbness and weakness and right shoulder pain. Current medications include Ultram and other pain medications and muscle relaxants. The physical examination demonstrated stiffness and decreased range of motion of the cervical spine. There was tenderness of the right wrist and elbow. Right-sided thenar atrophy was noted. The physical examination of the lumbar spine also noted decreased range of motion and a positive bilateral straight leg raise test at 40. Diagnostic imaging studies of the lumbar spine showed disk bulges throughout the lumbar spine. Previous treatment included a cervical spine epidural steroid injection. A request was made for Naprosyn transdermal compound cream and was not certified in the pre-authorization process on April 11, 2014.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111,112 of 127.

**Decision rationale:** This request for Naprosyn 15% transdermal compound cream is unclear as it is unknown how there can be a compound with only one ingredient. Furthermore, California Medical Treatment Utilization Schedule guidelines support topical non-steroidal anti-inflammatory drugs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the claimant's diagnosis, date of injury and clinical presentation, this request for Naprosyn 15% transdermal compound cream is not medically necessary.