

<b>Case Number:</b>	CM14-0068427		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Family 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:

The injured worker is a 56 year old female injured on 07/08/09 as a result of continuous traumatic injuries while performing normal duties as an accounting clerk. Diagnoses included insomnia, difficulty with memory and concentration, bilateral carpal tunnel syndrome, and psychiatric complaints. Clinical note dated 04/25/14 indicated the injured worker presented complaining of bilateral shoulder pain rated 8/10 status post 24 sessions of physical therapy with only mild improvement. The injured worker reported to start aqua therapy. The injured worker also complaining of neck pain rated 7/10, with associated numbness, tingling, and weakness in bilateral upper extremities. The injured worker reported associated gastrointestinal upset with Prilosec. Treatment plan included Motrin 800mg one tab PO BID PRN and discontinuation of Naproxen cream due to pruritus. Treatment plain included bilateral shoulder injections following authorization. The initial request for topical Naproxen cream 240g PRN with one refill was non-certified on 04/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Naproxen cream 240gm with one refill:** 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.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Naproxen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Topical Naproxen cream 240 gm PRN with one refill cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.