

<b>Case Number:</b>	CM14-0193602		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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:

The applicant is a represented [REDACTED] insured who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 15, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; multiple lumbar spine surgeries; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for topical compounded Naprosyn containing cream. In an October 15, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was using Avinza, Norco, Soma, Colace, Senna, and Zantac, it was acknowledged. The attending provider stated that the applicant needed his medications to remain active. A 3/10 low back and radicular pain was reported. The attending provider stated that the applicant was able to brush her teeth, cook, dress and shop, all reportedly achieved as a result of ongoing medication consumption. The applicant was given topical compounded and Naprosyn containing cream while Avinza, Norco, Soma, Colace, Amitiza, Senna, Zantac, and Tramadol were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 15% cream 120gm with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs such as the Naprosyn containing compound at issue are indicated in the treatment of small joint osteoarthritis and/or small joint tendonitis in areas such as the knee, elbow or other regions amenable to topical application, in this case, however, the applicant's primary pain generator is the low back, a large area which is not conducive to topical application. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Avinza, Norco, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent. Therefore, the request is not medically necessary.