

Case Number:	CM14-0194965		
Date Assigned:	12/02/2014	Date of Injury:	08/31/2013
Decision Date:	01/27/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old female with a date of injury of 8/31/13. According to progress report dated 10/8/14, the patient presents with ongoing low back pain. The patient is status post MBB on 8/26/14 with 70% pain relief for 2 days. The patient's medication regimen includes Naproxen 550mg and Methoderm. The patient rates her low back pain as 7/10. She states that Naproxen "helps to reduce her pain..." Examination revealed tenderness to palpation in the lumbar spine middling and minimal tenderness to the left paraspinal musculature. There is decreased range of motion throughout all the planes, most notably flexion and extension. There is positive straight leg raise on the left and right at 60 with radiating symptoms from her back through her toes. The listed diagnoses are:1. Lumbar spine HNP2. Lumbar spine DDD and facet arthropathy3. Lumbar radiculopathy 4. Facetogenic low back painTreatment plan is for a Rhizotomy, refill of Naproxen, trial of topical cream and follow up in 6 weeks. The Utilization review denied the request for topical cream and Naproxen on 10/21/14. Treatment reports from 2/25/14 through 10/8/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Naproxen Sodium 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain/Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: This patient presents with ongoing low back pain. The current request is for 120 TABLETS OF NAPROXEN SODIUM 550MG. The Utilization review denied the request stating that "degree/duration of pain relief" was not provided to warrant continued use. The MTUS Guidelines page 22 regarding anti-inflammatory medications states that anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume. Long-term use may not be warranted. Review of the medical file indicates that the patient has been utilizing Naproxen for pain and inflammation since 7/10/14. The patient has reported that Naproxen helps reduce her pain. In this case, Naproxen is the only oral medication the patient is using to manage her low back pain. The requested Naproxen IS medically necessary.

(1) Topical Compound Cream (Capsaicin Cream 0.05% and Cyclobenzaprine 4%):
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: This patient presents with ongoing low back pain. The current request is for (1) TOPICAL COMPOUND CREAM (CAPSAICIN CREAM 0.05% AND CYCLOBENARPINE 4%) The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. This ointment contains 0.05% of capsaicin, which is not supported by MTUS. In addition, cyclobenzaprine is a muscle relaxant and not recommended in any topical formulation. The requested topical cream IS NOT medically necessary.