

Case Number:	CM15-0002276		
Date Assigned:	01/21/2015	Date of Injury:	07/30/2012
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male worker sustained injuries to his left shoulder, neck and lower back on 7/30/12. He was diagnosed with cervical spine sprain/strain, status post left shoulder arthroscopy, lumbar spine pain and bilateral sciatica. MRIs and electrodiagnostic studies (EMG/NCVs) were performed. Previous treatments included left shoulder and spinal injections, trigger point injections, pain medications and NSAIDs. The treating provider requests an unknown prescription for Naprosyn cream and computerized range of motion (ROM) testing to assist in evaluating risk of long-term disability. The Utilization Review on 12/31/14 non-certified an unknown prescription for Naprosyn cream and computerized range of motion testing, citing ODG Low Back-Lumbar and Thoracic (Acute and Chronic); this can be done less expensively using inclinometers and the therapeutic value of computerized measures of lumbar spine ROM is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription for Naprosyn Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with neck, left shoulder pain radiating to the left side of the cervical spine and arm, and lumbar spine pain radiating to the left thigh and left big toe. The treater is requesting UNKNOWN PRESCRIPTION FOR NAPROXEN CREAM. The RFA dated 12/21/2014 shows a request for naproxen topical cream. The patient's date of injury is from 07/30/2012 and he is currently not working. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The records do not show any history of naproxen cream use. The 12/11/2014 report shows positive impingement test on the left shoulder. Deep tendon reflexes are within normal limits. Straight leg raise test is positive on the left. It appears that the treater is prescribing this medication for the patient's neck, left shoulder, and lumbar spine pain. The MTUS Guidelines do not support the use of topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The request IS NOT medically necessary.

1 Computerized Range of Motion and Muscle Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter, functional improvement measures

Decision rationale: This patient presents with neck pain, left shoulder pain radiating to the left side of the cervical spine and left arm, and lumbar spine pain radiating to the left thigh and left big toe. The treater is requesting ONE COMPUTERIZED RANGE OF MOTION AND MUSCLE TESTING. The RFA dated 12/21/2014 only shows a request for naproxen topical cream. The patient's date of injury is from 07/30/2012 and he is currently not working. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the pain chapter on functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: work function and/or activities of daily living, physical impairments, approach to self care, and education. The records do not show any previous range of motion or muscle testing. In this case, ODG does recommend range of motion testing and muscle testing as part of followup visits and routine examination. However, it is not recommended as a separate billable service. The request IS NOT medically necessary.

