

<b>Case Number:</b>	CM15-0135119		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 48 year old female patient, who sustained an industrial injury on 11/13/14. The diagnoses include chronic lumbar spine strain and rule out discogenic back pain. Per the doctor's note dated 6/3/2015, she had complaints of low back pain and difficulty sleeping. Per the PR2 dated 4/22/15, she had complaints of pain in her lower back. She rated her pain a 6/10 at best and a 10/10 at worst. The physical examination revealed an antalgic gait, a positive straight leg raise test, paraspinal tenderness, spasm and trigger points on the right side; decreased range of motion. The medications list includes naproxen, omeprazole and topical analgesic cream. She has had lumbar spine MRI dated 3/14/2015 which revealed 1-2 mm broad based disc protrusion at L5- S1. Treatment to date has included a home exercise program, Naproxen and Duexis. The treating physician requested Naproxen 550mg and Analgesic topical creams for inflammation and pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg # (date of service/RFA 04-22-15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67, Naproxen is a NSAID.

**Decision rationale:** Q-- Naproxen 550mg # (date of service/RFA 04-22-15). CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient had had chronic low back pain. She has had significant findings on physical examination, an antalgic gait, a positive straight leg raise test, paraspinal tenderness, spasm and trigger points on the right side; decreased range of motion. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550mg # (date of service/RFA 04-22-15) is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

**Analgesic topical creams for inflammation and pain relief (date of service/RFA 04-22-15):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Q-- Analgesic topical creams for inflammation and pain relief (date of service/RFA 04-22-15). Contents of the topical analgesic cream are not specified in the records provided. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and anti-depressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The medical necessity of Analgesic topical creams for inflammation and pain relief (date of service/RFA 04-22-15) is not fully established for this patient.