

Case Number:	CM15-0141430		
Date Assigned:	07/31/2015	Date of Injury:	05/20/2006
Decision Date:	09/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: Pennsylvania, Ohio, 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:

The 55 year old male injured worker suffered an industrial injury on 5-20-2006. The diagnoses included thoracic or lumbosacral radiculitis and lumbago. The treatment included medication and epidural steroid injections. On 5-4-2015 the treating provider reported low back pain was 5 to 6 out of 10 and left knee pain 5 out of 10. The injured worker reported the combination of medication and epidural steroid injections brought the pain down to 1 out of 10. On exam, there was tenderness of the lumbar spine with altered gait. The injured worker had returned to work. The requested treatments included topical Naproxen cream

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Naproxen cream 10% 120gms 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, MTUS recommends topical NSAIDs only for short durations up to 2 weeks and not for a chronic situation such as this. Moreover, it is unclear why a compounded topical NSAID has been requested rather than a first-line manufactured / labeled topical NSAID such as Voltaren gel. For these multiple reasons, this request is not medically necessary.