MAXIMUS Federal Services

Case Number:	CM15-0187024		
Date Assigned:	09/29/2015	Date of Injury:	04/05/2012
Decision Date:	11/10/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/23/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49-year-old who has filed a claim for chronic elbow, shoulder, and arm pain reportedly associated with an industrial injury of April 5, 2012. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve requests for Naprosyn and a topical compounded agent apparently prescribed and/or dispensed on or around April 3, 2015. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant underwent a left shoulder arthroscopy and manipulation under anesthesia procedure. On an RFA form dated February 23, 2015, Naprosyn, drug testing, and Protonix were endorsed. On June 4, 2015, the applicant was again placed off of work, on total temporary disability. Ongoing complaints of neck, shoulder, and elbow pain were reported. Naprosyn and the topical compound in question were endorsed, while the applicant was placed off of work, on total temporary disability. Acupuncture and electrodiagnostic testing were also sought. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg Qty 60, (retrospective DOS 04/03/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the June 4, 2015 office visit, referenced above, did not seemingly incorporate any discussion of medication efficacy. The fact that the applicant was placed off of work, on that date, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Transdermal compound #2 (retrospective DOS 04/03/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: Similarly, the request for a transdermal topical compounded cream is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the compound in question are deemed "largely experimental." Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the unfavorable MTUS position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that a prescribing provider should be "knowledgeable" regarding prescribing information. Here, however, the prescribing provider did not appear to be particularly knowledgeable insofar as this compound was concerned as the composition of and/or ingredients in the same were not clearly detailed or characterized. Therefore, the request is not medically necessary.