

Case Number:	CM15-0209688		
Date Assigned:	10/28/2015	Date of Injury:	01/16/2015
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder, wrist, low back, and knee pain reportedly associated with an industrial injury of January 18, 2014. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve requests for naproxen and a topical compounded cream. The claims administrator referenced office visits dated July 13, 2015 and September 11, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten December 11, 2015 office visit, difficult to follow, not entirely legible, the applicant apparently presented with ongoing complaints of low back, knee, and hand pain. Naproxen and the topical compounded agent in question were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. No seeming discussion of medication efficacy transpired on this date. On an earlier note dated July 13, 2015, the same, unchanged, rather proscriptive, 10-pound lifting limitation was renewed. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant's medications included naproxen, tramadol, and the topical compounded agent also in question. The treating provider stated toward the top of the note that the applicant's medications, physical therapy, and acupuncture were mildly helpful but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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 naproxen, an anti-inflammatory medication, was 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 naproxen do represent the traditional first-line treatment for various chronic pain complaints, as were present here, 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, progress notes of July 13, 2015 and September 11, 2015 were thinly and sparsely developed, handwritten, difficult to follow, not entirely legible, did not incorporate much seeming discussion of medication efficacy. A rather proscriptive 10-pound lifting limitation was seemingly renewed on both visits in question. It did not appear that the applicant was working with said limitations in place. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as naproxen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Flurbi menthol capsaicin camphor cream: Upheld

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

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

Decision rationale: Similarly, the request for a flurbiprofen-menthol-capsaicin-camphor containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. Two of the applicant's primary pain generators, per a progress note dated July 13, 2015, were the left shoulder and lumbar spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is little evidence to utilize topical NSAIDs such as flurbiprofen, i.e., the primary ingredient in the compound, for the treatment of the spine, hip, and/or shoulder. Here, the attending provider failed to furnish a clear or compelling rationale for usage of flurbiprofen for the lumbar spine and left shoulder, i.e., body parts for which there is little evidence to utilize flurbiprofen, the primary ingredient in the compound. Since one or more ingredients in the compound was not recommended, the entire compound was not indicated, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.