

Case Number:	CM14-0161772		
Date Assigned:	10/07/2014	Date of Injury:	10/28/2011
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a 48-year-old female who reported an injury due to a slip and fall on 10/28/2011. On 07/29/2014, her diagnoses included contusion of the shoulder and hypertrophy of fat pad of the knee. Her complaints included significant lower back pain radiating to her right lower extremity, with increasing numbness and tingling with pedal edema. She was having difficulty walking. Her right anterior shoulder was tender to palpation with decreased ranges of motion in flexion and abduction. Among the recommendations in her treatment plan was that she was to continue taking her medications. Her medications included Orphenadrine ER 100 mg, Tramadol 50 mg, Medrox pain relief ointment, and Naproxen 550 mg. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% cream SIG: Apply to affected area twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical.

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

Decision rationale: The request for Capsaicin 0.025% cream is not medically necessary. The California MTUS Guidelines refer to topical analgesics as primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is generally available in the 0.025% formulation as treatment for osteoarthritis. There was no indication that this worker had a diagnosis of osteoarthritis. Additionally, the request did not specify an amount of the requested cream. Furthermore, the body part or parts to have been treated were not specified in the request. Therefore, this request is not medically necessary.

Naproxen sodium 550mg SIG take 2 daily QTY: 60 REF 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for naproxen sodium 550 mg take 2 daily, quantity 60 REF 2 is not medically necessary. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. For acute exacerbations of chronic back pain, they are recommended as a second line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, the dosing information is incorrect in the request. Naproxen should be taken as one 550 mg tablet twice daily. Therefore, this request for naproxen sodium 550 mg take 2 daily, quantity 60 REF 2 is not medically necessary.