

Case Number:	CM14-0166237		
Date Assigned:	10/13/2014	Date of Injury:	09/03/1974
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational Medicine, and is licensed to practice in California. 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 65 year old male with a date of injury on 9/3/1974. As per 9/8/14 report, he presented with back pain, leg pain, radicular pain to the left hand, anxiety, depression, and obesity. The low back pain was rated at 4/10. The examination revealed back and bilateral leg pain on flexion at 70 degrees, low back pain on extension at 20 degrees (facet pain), right upper quadrant pain to palpation of the abdomen, neck pain with flexion 15 degrees and extension 10 degrees radiating to the right thumb (radicular sign), muscle spasm in the low back, and diminished lower extremity reflexes. He is currently taking Tricor, Norvasc, Isosorbide, Pravachol, Diovan, Prevacid, Humulin-insulin, Motrin, and Ryzolt. He previously had lumbar epidural steroid injections and the provider very strongly feels that he still needs the third lumbar/caudal epidural steroid injection and the sympathetic blocks to get the pain under optimal control as the blocks have helped him a lot. He was prescribed Naprosyn topical cream to be administered in the office and the need for the topical cream includes gastrointestinal disease, failure of oral medications including morphine to provide adequate pain relief without intolerable side effects, and localized pain relief from the topical application to the shoulder and in the low back. These constitute a substantial improvement of greater than 40% in pain relief and a reduction in the amount of oral pain medications he needs. He has had great difficulty getting pain relief without the topical medication and this has added a lot to his activity level. His diagnoses include discogenic syndrome, lumbar, obesity, fibromyalgia, coronary artery disease, diabetes, lumbar facet arthropathy, muscle spasm, anxiety, depression, gallbladder disease, cellulitis, constipation, and discogenic syndrome cervical. The request for Naprosyn 15 percent transdermal compound cream to be administered in the office was denied on 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 15% transdermal compound cream to be administered in the office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The Chronic Pain Medical Treatment Guidelines states that the only non-steroidal anti-inflammatory drugs that is Food and Drug Administration approved for topical application is diclofenac (Voltaren 1% Gel). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, it is not clear as to why the cream needs to be administered in the office. Thus, the medical necessity of the requested Naprosyn 15% transdermal compound cream to be administered in the office is not established per guidelines.