

Case Number:	CM15-0006693		
Date Assigned:	01/21/2015	Date of Injury:	12/22/2005
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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: 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 injured worker is a 58 year old female with a date of injury as 12/22/2005. The current diagnoses include lumbar spine pain, herniated nucleus pulposus with bilateral radiculopathy, status post right knee arthroplasty, left knee internal derangement, right ankle re-current pain and sprain, cervical spine pain, right and left shoulder impingement and internal derangement, bilateral elbow pain, right wrist sprain and volar/radial ganglion cyst, bilateral carpal tunnel syndrome, and adjustment disorder due to chronic pain. Previous treatments include oral and topical medications and surgery. Report dated 11/28/2014 noted that the injured worker presented with complaints that included cervical spine pain with radiation to bilateral upper extremities, tingling, weakness, and headache. Pain level was rated as 6-9 out of 10. She also reported lumbar spine pain with radiation to the bilateral big toes, numbness and tingling and occasional sphincter problems and incontinence. Objective findings included tenderness to palpation across the cervical spine, upper trapezius, paravertebral muscles, bilateral shoulders, left medial epicondyle, hips, and lumbar paravertebral muscles, cervical compression is positive bilaterally, Tinel's sign is positive at the left elbow, straight leg test is positive bilaterally. Recommendation was made for chiropractic therapy and Naprosyn cream. The injured worker is permanent & stationary. The utilization review performed on 12/10/2014 non-certified a prescription for topical Naproxen cream based on guidelines do not support use of anti-inflammatory drugs in a topical formulation. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical naproxen cream: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs; Naproxen Page(s): 66, 67-73, 111-13.

Decision rationale: Naproxen (Naprosyn) is a non-steroidal anti-inflammatory (NSAID) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical analgesics are recommended for treatment of neuropathic pain although topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with cervical and lumbar spine pain with associated neuropathic pain and with tendon inflammation in her wrists and shoulders. Additionally, the patient is not taking an oral NSAID medication nor any other pain preparation but rather has been using the topical NSAID, naproxen cream. The medical records presented for review did not include all the medications used by this patient since her industrial injury began so comment on prior medication therapy is not possible. The provider did not comment on the effectiveness of naproxen cream but is requesting to continue its use after one month of therapy which suggests that it has been helpful to the patient. As this medicine appears to have been started only 4 weeks prior to the current request, its use is still within the defined short-term therapy time period (up to 12 weeks) suggested by evidence-based research. Medical necessity for continued use of this preparation has been established for short-term use.