MAXIMUS Federal Services

Case Number:	CM15-0122407		
Date Assigned:	07/13/2015	Date of Injury:	09/29/2008
Decision Date:	08/06/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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 60 year old female, who sustained an industrial injury on March 27, 2014, incurring injuries to both arms, both wrists, both shoulders and low back. She was diagnosed with cervical degeneration, lumbar displacement without myelopathy, lumbago, carpal tunnel and shoulder and upper arm sprain. Treatment included anti-inflammatory drugs, muscle relaxants, spinal cord stimulator, pain medications, topical analgesic ointments and gels, Radiofrequency Ablation, and work restrictions and modifications. Currently, the injured worker complained of lumbar pain, left leg and neck pain with stiffness with reduced range of motion. The treatment plan that was requested for authorization included a prescription for Enova RX Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enova RX Naproxen 10% (gm) Qty: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The compounded medication requested is not recommended by the MTUS; therefore, it is not medically necessary. Enova RX Naproxen 10% (gm) Qty: 120.00 is not medically necessary.