

Case Number:	CM15-0067103		
Date Assigned:	04/14/2015	Date of Injury:	07/26/2006
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 70 year old male, who sustained an industrial injury on 07/26/2006. He has reported subsequent neck, back and lower extremity pain and was diagnosed with lumbar disc displacement, cervical spondylosis and chronic pain. Treatment to date has included oral and topical pain medication and cervical and lumbar epidural steroid injections. In a progress note dated 03/06/2015, the injured worker complained of headaches, neck, low back and hip pain. Objective findings were notable for an antalgic gait. A request for authorization of Naproxen and Meloxicam/Topiramate/Prilocaine/Lidocaine cream was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium-anaprox 550mg take 1 every 12 hrs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
 Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on other NSAIDs including Diclofenac while given Naproxen. In addition, the claimant was on muscle relaxants and Buprenorphine for pain. Pain level benefit attributed to Naproxen cannot be determined. Continued and chronic use of NSAIDs such as Naproxen is not medically necessary.

Meloxicam/topiramate/prilocaine/lidocaine 0.09%/2.5%/2%/2% cream apply up to 4gms to affected area up to 4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs, GI symptoms and cardiovascular risk, Antiepilepsy drugs (AEDs), Special recommendations: Osteoarthritis Page(s): 111-113, 68-69, 18-19, 67-68, 73.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle anti-epileptics such as Topiramate are not recommended due to lack of evidence. In addition the compound contained topical NSAID Meloxicam which can reach system levels similar to oral NSAIDs. Since the compound above contains topical Topiramate, the Meloxicam/topiramate/prilocaine/lidocaine 0.09%/2.5%/2%/2% cream is not medically necessary.