

Case Number:	CM14-0152946		
Date Assigned:	09/23/2014	Date of Injury:	11/28/2008
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Management 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 61-year-old male with a date of injury of November 28, 2008. The mechanism of injury was not specified. He was diagnosed with (a) discogenic syndrome, cervical; (b) discogenic syndrome, lumbar; (c) muscle spasm, (d) insomnia, (e) left shoulder impingement, status post arthroscopic surgery; (f) right shoulder impingement, (g) bilateral median nerve injury, (h) bilateral ulnar nerve injury and (i) asthma. In a recent progress note dated June 3, 2014 it was indicated that he complained of neck pain, back pain, left arm radicular pain and headache. He also indicated that his oral medications are a lot more helpful since he also got relief from the cervical epidural steroid injection. An electromyogram result dated June 14, 2013 confirmed bilateral median nerve injury and bilateral ulnar nerve injury. Physical examination revealed that he was in severe discomfort. Examination of the cervical spine revealed stiffness as well as limited and difficult movements. Decreased sensation was noted in the hands, bilaterally. There was muscle weakness in the hand grip, bilaterally (C6 radicular pain). Examination of the lumbar spine revealed limited range of motion in all planes and elicited increased radicular pain to the bilateral lower extremities. Straight leg raise test was positive bilaterally with pain at the lower back radiating down the ipsilateral legs. Reflexes were at + in all areas, bilaterally. This is a review of the requested Naprosyn 15% transdermal compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naprosyn 15% transdermal compound cream, for the service date pf 08/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The medical records received have limited information to support the necessity of Naprosyn 15% transdermal compound cream. As per evidenced-based guidelines it was indicated that these types of medications are indicated for individuals who have failed trials of antidepressants and anticonvulsants and there is nothing in the submitted records which indicated that the injured worker have tried and failed such therapies. Additionally, Naprosyn is noted to be a non-steroidal anti-inflammatory medication and the referenced guidelines also stipulated that the efficacy in clinical trials of topical non-steroidal anti-inflammatory drugs has been inconsistent and most studies are small and short in duration and that it is not recommended for neuropathic pain as there is no evidence to support its use. Furthermore, it was indicated that the his oral medications has been helpful and there is not enough reason to add the topical compounded cream to his current pharmacologic regimen as his condition has been stable. Therefore the medical necessity of the requested Naprosyn 15% transdermal compound cream is not established.