

Case Number:	CM14-0048784		
Date Assigned:	06/25/2014	Date of Injury:	04/06/2009
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 49-year old female who was injured on 4/6/2009. The diagnoses are bilateral carpal tunnel syndrome, right De Quervain syndrome, myofascial pain and status post L4-L5 fusion syndrome. There are associated diagnoses of major depression and insomnia. The 2012 EMG (Electromyography)/NCV (Nerve Conducting Velocity) of the upper extremities was reported as normal. On 4/10/2014, [REDACTED] documented complaints of epigastric pain with diagnoses of GERD (Gastroesophageal Reflux Disease) and NSAIDs induced gastritis. The medications listed are Ultram and topical Napro for pain and Ambien for insomnia. A Utilization Review determination was rendered on 3/18/2014 recommending non certification for Napro 15% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Napro 15% Cream: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of topical NSAIDs for the treatment of chronic musculoskeletal pain. Topical NSAIDs may be utilized for patients who cannot swallow or tolerate oral NSAID medications because of a history of gastrointestinal side effects. The efficacy of topical NSAIDs preparations diminishes over time during chronic use. The records indicate that the patient was diagnosed with GERD (Gastroesophageal Reflux Disease) and oral NSAIDs induced gastritis. No side effects was reported with topical NSAIDs. Therefore, Napro 15% Cream is medically necessary.