

Case Number:	CM14-0050210		
Date Assigned:	07/07/2014	Date of Injury:	11/15/2012
Decision Date:	09/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 57 year old female who sustained an injury to her right knee on 11/15/12. Records indicate that on 10/02/13, the injured worker was taken to surgery and underwent right knee medial and lateral meniscectomies with chondroplasty and lateral release. Postoperatively, the injured worker has had continued pain and has been identified as having evidence of osteoarthritis. Per a clinical note dated 03/17/14, the injured worker is pending a 3rd Hyalgan injection. The injured worker further has been documented as using Naprosyn 15% cream which was applied to her elbow and right knee for chronic inflammation. The injured worker is noted to have non-steroidal anti-inflammatory drug induced gastritis and cannot take oral anti-inflammatory medications. It is reported that without the cream, the injured worker's pain level is 8/10 and requires the use of a single pole cane. With the use of this topical cream, her pain level is reported to be 4/10 and she is able to do her activities of daily living and exercising. The record includes a utilization review determination dated 04/01/14 in which a request for Naprosyn gel was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn Gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Analgesics Page(s): 67-73, 111-114.

Decision rationale: The request for Naprosyn gel is recommended as medically necessary. The submitted clinical records indicate that the injured worker is status post right knee surgery with chronic pain. She is noted to have osteoarthritis. She has non-steroidal anti-inflammatory drug induced gastritis preventing her from taking oral anti-inflammatory medications. The record reflects that the injured worker has a 50% reduction in visual analog scale scores with substantive improvement in her abilities to perform activities of daily living and functional activities. Therefore, based on the submitted clinical information, the request is supported as medically necessary.