

Case Number:	CM15-0046952		
Date Assigned:	03/19/2015	Date of Injury:	07/15/2011
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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: Physical Medicine & Rehabilitation

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 28 year old female, who sustained an industrial injury on July 15, 2011. The injured worker was diagnosed as having status post excision of the left dorsal mass. Treatment to date has included naproxen and excision of the left dorsal mass. Currently, the injured worker complains of left wrist pain. In a progress note dated December 11, 2014, the treating provider reports the exam is unchanged from prior visit, the provider is recommending the injured worker start post op physical therapy, Napro cream and Skarjel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Napro cream 15%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: The patient has a date of injury of 07/15/11 and presents with chronic left wrist pain. The patient is status post ganglion cyst removal on 11/14/14. The current request is for NAPRO CREAM 15%. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality 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 treating physician is requesting Napro Cream 15% is for the patient's pain and inflammation. The Utilization review denied the request stating that there is no documentation of neuropathic pain and no documentation that the patient is intolerant to oral medications. The patient meets the indication for a topical NSAID, as she is status post wrist surgery and continues to have residual pain. This is an initial request for medication and the medication has been prescribed in accordance with MTUS guidelines. The requested Napro cream is medically necessary.