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| <b>Case Number:</b>   | CM13-0030140 |                              |            |
| <b>Date Assigned:</b> | 03/17/2014   | <b>Date of Injury:</b>       | 06/01/2013 |
| <b>Decision Date:</b> | 05/21/2014   | <b>UR Denial Date:</b>       | 09/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2013 |

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of June 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 10, 2013, the claims administrator apparently denied request for an ibuprofen containing gel and also denied request for a capsaicin containing gel, citing the MTUS Chronic Pain Medical Treatment Guidelines. In a subsequent progress note of January 22, 2014, it was stated that the applicant was off of work, on total temporary disability. It was stated that the applicant was intent on pursuing a psychiatric medical-legal evaluation to address issues related to compensability of psychiatric issues such as anxiety, stress, loss of appetite, and depression. In an earlier note of August 26, 2013, the applicant was described as using unknown pain medications. He was given prescriptions for Tramadol extended release 150 mg, Prilosec for GI distress, an ibuprofen containing cream, and a capsaicin containing cream. It was stated that the applicant was given work restrictions which were resulting in his removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENOVAE RX IBUPROFEN 10% 60 GR - APPLY DAILY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 3-1, 47, 49.

**Decision rationale:** As noted in the MTUS-adopted Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as ibuprofen-containing gel, which are, per page 49 of the ACOEM Practice Guidelines "not recommended." The applicant was apparently issued with a prescription for oral Tramadol on the date in question, effectively obviating the need for the ibuprofen-containing gel. Accordingly, the request for Enovae RX Ibuprofen 10% 60 GR apply daily is not medically necessary.

**CAPSAICIN APPLY 2-3 TIMES DAILY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

**Decision rationale:** Again, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, and oral pharmaceuticals are a first-line palliative method. In this case, the applicant was given a prescription for first-line oral Tramadol on the date in question, effectively obviating the need for topical agents such as the capsaicin-agent here which is, as a class, deemed "not recommended," per ACOEM Chapter 3, Table 3-1, page 49. The request for the capsaicin-containing gel is not medically necessary.