

<b>Case Number:</b>	CM13-0055895		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 physician 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 46 year old female who injured her lower back on 09/27/2012 while at work. Treatment history included Prilosec, Topamax, Ultracet, and capsaicin; Physical therapy, Acupuncture and lumbar epidural steroid injection on 08/22/2013. Diagnostic studies reviewed include MRI of the lumbar spine performed on 03/19/2013, which revealed L5-S1 disc level shows mild degenerative disc dehiscence of the nucleus pulposus with a 5-mm posterior disc bulge indenting the anterior portion of the lumbosacral sac. The neural foramina appear patent. Lateral recesses were clear. There was fluid in both interfacet joints. There was minimal thickening of the ligamentum flavum. There was minimal decrease in the AP sagittal diameter of the lumbosacral canal. MRI of the cervical spine performed on 03/19/2013 revealed the C4-C5 disc level showed a 2-mm midline disc bulge indenting the anterior portion of the cervical subarachnoid space with no significant compromise of the AP sagittal diameter of the cervical canal. The neural foramina appear patent. There were normal articular facets and straightening of the cervical curvature compatible with cervical myositis. MRI of the head/brain performed on 03/19/2013 revealed nasal cavity sinusitis, grossly normal evaluation of the intracranial contents, however due to the marked amount of patient motion, would suggest follow-up evaluation with either repeat MRI or a CT scan. Electrodiagnostic study performed on 03/15/2013 revealed normal electrodiagnostic test of the lower extremities. There was no electrodiagnostic evidence of nerve entrapment and /or radiculopathy. A clinic note dated 06/15/2013 documented objective findings on exam included Lumbar examination: Inspection: normal; Palpation: bilateral paraspinal tenderness; TEST: facet loading causes pain. Straight leg raise was positive on the left. The patient was diagnosed with lumbar disc degeneration with 5 mm disc protrusion at L5-S1 to the left; Lumbar radiculopathy, lumbar facet syndrome with facet arthropathy on MRI, and fluid in the facet joint, and chronic pain syndrome. Clinic note date 08/22/2013 documented the

patient to have received an epidural with excellent relief. She reported greater than 70% relief for six weeks. She still had at least 50% relief but it was starting to wear off and she would like to have another epidural. The current review is for 1 tube of ibuprofen 10% topical compound cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One tube of ibuprofen 10% topical compound cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** As per the California MTUS guidelines, topical nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is not recommended for neuropathic pain as there is no evidence to support use. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The records provided indicate the patient has sharp, throbbing, aching neck and back pain associated with numbness and tingling in the legs. The guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Therefore, the requested topical compound cream is not medically necessary or appropriate.