

<b>Case Number:</b>	CM13-0055939		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	10/23/2013
<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 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 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 applicant is a represented [REDACTED], [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, diabetes, and hypertension reportedly associated with an industrial injury of August 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; trigger point injection therapy; unspecified amounts of physical therapy, manipulative therapy and acupuncture; computerized range of motion testing; and extensive periods of time off of work. The applicant has apparently been given permanent restrictions through an Agreed Medical Evaluation; however, it does not appear that these limitations have been accommodated by the employer. In a utilization review report of October 23, 2013, the claims administrator denied a request for transdermal ibuprofen containing cream with one refill. The applicant's attorney subsequently appealed. A handwritten note of December 6, 2013 is very difficult to follow, not entirely legible, and is notable for comments that the applicant reports persistent left shoulder and trapezius pain. The applicant states that the transdermal medication is reportedly helping. The applicant is given diagnoses of neck pain, shoulder pain, and myofascial pain syndrome with associated diabetes and hypertension. The applicant is placed off of work, on total temporary disability. Additional physical therapy and acupuncture are seemingly endorsed. Little or no narrative commentary is provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN TRANSDERMAL CREAM 60MG WITH ONE REFILL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Initial Approaches to Treatment Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), page 47

**Decision rationale:** As noted in the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents or topical compounds such as the ibuprofen-containing compound in question, which is, according to the Chronic Pain Medical Treatment Guidelines, "largely experimental." In this case, it is further noted the applicant has seemingly used this agent for some time and failed to derive any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant has failed to return to work. The applicant remains highly reliant on various medical treatments including physical therapy, manipulation, and acupuncture. All the above, taken together, imply a lack of functional improvement despite ongoing usage of the topical ibuprofen containing cream. The request for ibuprofen transdermal cream, 60 grams, with one refill, is not medically necessary or appropriate.