

Case Number:	CM14-0101284		
Date Assigned:	09/12/2014	Date of Injury:	10/02/2011
Decision Date:	10/21/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	07/01/2014

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 Nevada. 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 records, presented for review, indicate that this 39-year-old female was reportedly injured on 10/2/2011. The mechanism of injury is noted as a slip and fall. No recent medical records from the treating physician have been submitted for review; therefore, the utilization review, dated 5/28/2014, has been utilized. It indicated that there were ongoing complaints of neck pain that radiated into the bilateral upper extremities and low back pain that radiated into the left lower extremity. The physical examination, that was mentioned in the utilization review, dated 5/1/2014, revealed the patient was in moderate distress. Multiple tender points noted. There were also cervical spine vertebral tenderness, myofascial trigger points in the left trapezius, slight to moderate limited cervical range of motion, tenderness to palpation in the lumbar region and tenderness at the left AC joint and left anterior shoulder. Left shoulder range of motion decreased due to pain, and decreased strength was of the extensor muscles/flexor muscles in the left upper extremity. Diagnostic imaging studies included an MRI of the lumbar spine, dated 3/6/2014, which revealed disc disease at L5-S1 with mild lateral recess narrowing and causing minimal effacement of the S1 nerve roots. EMG/NCV from 3/15/2014 was performed; however, no results were listed at this time. Previous treatment included epidural steroid injection, medications, and conservative treatment. A request had been made for Enovarx-ibuprofen 10% and was not certified in the pre-authorization process on 5/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx - Ibuprofen 10% Kit quantity 1: Upheld

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

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

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request is not considered medically necessary.