

Case Number:	CM14-0104615		
Date Assigned:	09/16/2014	Date of Injury:	03/08/2010
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 & Rehabilitation, 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 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 injured worker is a 33-year-old male who sustained an injury on 3/8/10. As per the report of 5/29/14, the patient complained of persistent back pain rated 7/10 and knee pain rated 8/10 which had gotten worse. He was off of opioids. He walks with crutches. Cervical spine had decreased ROM. Lower extremities exam revealed diminished sensation at the left thigh and lower leg, muscular weakness at the left plantar flexion, sensory loss at the left anterior thigh and shin, and positive SLR and seated SLR. Exam of thoracic spine revealed a large scar that was well healed, tenderness and paravertebral spasms. There was decreased range of motion (ROM) of thoracic lumbar spine. Past treatments included epidural steroid injection on 2/11/11 with modest relief, neural modulation trial leads which he did not like, and physical therapy which helped him. He had MRI of lumbar spine on 3/8/10 and MRI of the left knee on 8/1/14 was incorrectly performed. Medications have included Tramadol (in lieu of norco), Neurontin, Oxybutynin and Ciprofloxacin, and ibuprofen cream were prescribed for the back and the knee. Diagnoses: status post decompressive spine surgery with laminectomy and fusion at T10-L1; spinal cord injury with resultant paraplegia; neurogenic bladder with fecal and urinary incontinence; status post-surgical reduction of bony fragmentation, impinging spinal cord T10 and T11; displaced fracture left 12th rib - resolved; left knee arthropathy with likely medial collateral ligament rupture vs. additional meniscus tear - repaired; sacralization of the L5 vertebrae, L4-5 annular tear with disc herniation; anterolisthesis T11-12 with known previous narrowing of the central canal; bilateral lower extremity weakness with sensory loss at left side; increasing incontinent with bowel and bladder issues. The request for 10% Ibuprofen Cream was denied on 6/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

10% Ibuprofen Cream: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS/ODG, that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Clinical trial data suggest that diclofenac sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. Thus, the request for 10% Ibuprofen Cream is not medically necessary and appropriate.