

Case Number:	CM14-0015819		
Date Assigned:	03/03/2014	Date of Injury:	10/22/2012
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Rehabilitation 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:

According to the records made available for review, this is a 46-year-old male with a 10/22/12 date of injury. At the time (10/31/13) of request for authorization for Enova Rx-Ibuprofen topical compound cream, there is documentation of subjective (continued low back pain) and objective (tenderness in the lumbar spine) findings, current diagnoses (lumbar radiculitis, lumbago, and displacement of the intervertebral disc without myelopathy), and treatment to date (medications including Enova Rx-Ibuprofen topical compound cream and Lodine). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), the intention to treat over a short course; failure of an oral NSAID; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Enova Rx-Ibuprofen topical compound cream use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENOVA RX-IBUPROFEN TOPICAL COMPOUND CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL COMPOUNDING MEDICATIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: A search online revealed that Enova Rx-Ibuprofen topical compound cream is a topical non-steroidal anti-inflammatory agent. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, lumbago, and displacement of the intervertebral disc without myelopathy. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of ongoing treatment with Enova Rx-Ibuprofen topical compound cream, there is no documentation of an intention to treat over a short course. Furthermore, given documentation of ongoing treatment with an oral NSAID (Lodine), there is no documentation of failure of an oral NSAID. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Enova Rx-Ibuprofen topical compound cream use to date. Therefore, based on guidelines and a review of the evidence, the request for Enova Rx-Ibuprofen topical compound cream is not medically necessary.