

<b>Case Number:</b>	CM14-0138487		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal 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 patient is a 65 year old female who was injured on 12/23/2013. The mechanism of injury is unknown. Prior treatment history has included physical therapy Diagnostic studies reviewed include MRI of the left knee dated 05/29/2014 revealed severe mucoid degeneration of the anterior and posterior horns of the medial menisci; severe degenerative changes of the left knee joint with narrowing of the joint space; and large amount of joint effusion. Progress report dated 07/30/2014 states the patient presented with worsening left knee pain and swelling. She has complaints of bilateral knee and leg pain that is constant and dull. The pain becomes sharp and stabbing with prolonged activity. On exam, she has difficulty standing from a sitting position and sitting on chairs. She has increased spinal tenderness bilaterally of the lumbar spine. The Lumbar spine range of motion revealed flexion to 70 degrees; extension to 20 degrees; lateral flexion to 20 bilaterally; rotation to 20 bilaterally. Straight leg raise is positive on the left. Knee flexion is 120 on the right and on the left is 90; and extension is 160 on the right and 180 on the left. The patient is diagnosed with left knee internal derangement and fatigue. The patient has been recommended for Enovarx. Prior utilization review dated 08/13/2014 states the request for 2 Enovarx (Ibuprofen) 10% Cream 60 Grams is not certified based on clinical information submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Enovarx (Ibuprofen) 10% Cream, 60 Grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints, Topical Analgesics.

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

**Decision rationale:** The guidelines recommend certain topical NSAIDs for short term therapy to joints amenable to topical therapy for osteoarthritis or neuropathic pain. The FDA, however, has not approved any topical forms of ibuprofen. The clinical documents did not provide sufficient documentation to use topical ibuprofen outside of current FDA guidelines. The side effects and efficacy of topical ibuprofen has not been tested sufficiently as of this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.