

Case Number:	CM14-0164685		
Date Assigned:	10/09/2014	Date of Injury:	03/20/2000
Decision Date:	11/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 63-year old male who sustained an industrial injury on 03/20/00 when he bent to pick up a pallet that fell down. He felt pain in his back, neck and groin. He was having GI distress due to medications and hence needed the transdermal creams. He was status post lumbar fusion. His other medications included hydrocodone and cyclobenzaprine. The clinical notes from 09/17/14 were reviewed. He had pain in his lumbosacral spine and sleep issues. He had increased pain and increased radiculopathy. His diagnoses included neck sprain/strain, intervertebral disc disorder with myelopathy lumbar region and thoracic/lumbosacral neuritis/radiculitis. His medications included Ibuprofen 10% 60 grams, Cyclobenzaprine 2% 60 grams since he cannot take medications due to GI distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 10% topical cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The employee was status post lumbar spine decompression and fusion. He was on Norco and Cyclobenzaprine. He was unable to tolerate NSAIDs orally due to GI distress and hence was on topical analgesics. The request was for Ibuprofen 10% topical cream for lumbar pain. According to MTUS, Chronic Pain Medical Treatment guidelines, topical NSAIDs are recommended for treatment of osteoarthritis and tendinitis in particular, that of knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Given the documentation that the topical NSAID was for lumbar spine pain, it doesn't meet guideline criteria. Hence, the request for topical Ibuprofen 10% cream is not medically necessary or appropriate.