

Case Number:	CM14-0166142		
Date Assigned:	10/13/2014	Date of Injury:	09/27/2012
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational 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:

Injured worker is a female with date of injury 9/27/2012. Per primary treating physician's progress report dated 9/14/2014, the injured worker complains of head, cervical spine and lumbar spine pain, stiffness, weakness, and numbness. Venlafaxine causes some sleepiness but she is upbeat now. On examination depression is unchanged but lumbar spine and cervical spine are tender. There is head, cervical spine and lumbar spine tenderness to palpation, deformity, spasm, and positive straight leg raise at 75 degrees. There is decreased lumbar spine range of motion and decreased strength. Diagnoses include 1) sprain/strain of neck 2) sciatica 3) sprain/strain of shoulder/arm, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 10% cream 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to

placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for four to twelve weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments. The requesting physician explains that the injured worker has GI distress due to medications. Capsaicin cream did not help with the pain, therefore ibuprofen 10% cream is being requested for use. The use of topical ibuprofen for back pain is not supported by the MTUS Guidelines. The injured worker is not being prescribed topical ibuprofen for osteoarthritis or tendinitis. Medical necessity of the request has not been established within the recommendations of the MTUS Guidelines. The request for Ibuprofen 10% cream 60gm is determined to not be medically necessary.