MAXIMUS Federal Services

Case Number:	CM14-0185366		
Date Assigned:	11/10/2014	Date of Injury:	05/18/2011
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Medicine and is licensed to practice in Ohio. 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 63-year-old male with a date of injury of May 18, 2011. He injured his low back, neck, and right shoulder when he tripped and fell through a hole 20 feet. An MRI scan of the right shoulder revealed a full thickness tear of the supraspinatus tendon and tendinosis of the long head of the biceps tendon. An MRI scan of the lumbar spine revealed multi-level neural foraminal stenosis from L3-S1. The physical exam reveals tenderness to palpation of the left shoulder with markedly diminished range of motion and positive impingement signs. There is tenderness to palpation of the cervical and lumbar spines. The diagnoses include degenerative disc disease of the cervical and lumbar spines, torn rotator cuff, and severe pulmonary fibrosis. The injured worker had been considered for a total right shoulder replacement. Evidently that surgery is on hold as a consequence of severe pulmonary fibrosis. The injured worker is said to be intolerant of oral anti-inflammatories. His other medication includes prednisone, tramadol, gabapentin, Phenergan with codeine syrup, and topical capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Ibuprofen 10% 60gm: Upheld

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

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

Decision rationale: The efficacy in clinical trials for topical NSAIDs like ibuprofen has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder.In this instance, the injured worker is specifically directed to use the ibuprofen cream to the shoulder and spine regions. These are non-approved regions of application under the cited guidelines. Therefore, Ibuprofen 10% 60gm is not medically necessary.