MAXIMUS Federal Services

Case Number:	CM14-0023352		
Date Assigned:	05/12/2014	Date of Injury:	11/10/2010
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for low back pain, knee pain, hand pain, neck pain, and thumb pain reportedly associated with an industrial injury of November 10, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; heating pads; transfer of care to and from various providers in various specialties; attorney representations; and multimodality transcutaneous electrotherapy device. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for an ibuprofen-containing cream, approved Ultracet, and denied a request for EnovaRX-Ibuprofen cream. The applicant's attorney subsequently appealed. In an April 22, 2013 progress note, the applicant was described as permanent and stationary. The applicant carried diagnoses of neck pain, thumb arthritis, carpal tunnel syndrome, knee arthrosis, and low back pain, it was stated. In a December 19, 2013 progress note, the applicant was given a refill of transdermal ibuprofen. The applicant was reportedly doing home exercises and also is using a heating pad. It was stated that the applicant was also given prescriptions for oral tramadol, ibuprofen, cyclobenzaprine, and omeprazole in one section of the report; in another section of the report, it was stated that the applicant had adequate amounts of these medications without needing any refills on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENVOARX-IBUPROFEN 10% 60GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as EnovaRX-Ibuprofen containing topical compounded cream which is deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including tramadol, Motrin, Flexeril, etc. effectively obviates the need for the topical compounded cream in question. Therefore, the request is not medically necessary.

IBUPROFEN 10% CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Motrin, tramadol, Flexeril, etc. effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounded agents such as the cream in question here. Therefore, the request is not medically necessary.