

Case Number:	CM14-0026476		
Date Assigned:	06/13/2014	Date of Injury:	04/18/2013
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

This patient is a 31-year-old female with a date of injury of 04/18/2013. The listed diagnoses per [REDACTED] are: 1. Cervical/thoracic strain with resultant cephalgia. 2. Left shoulder probable multidirectional instability. 3. Lumbosacral strain/herniated nucleus pulposus L5-S1. 4. Status post left foot/ankle sprain/strain. 5. Doubt significant intrinsic right foot/ankle pathology. 6. Psychiatric complaints. 7. Gastrointestinal complaints. According to 01/24/2013 progress report by [REDACTED], patient presents with continued lumbar pain which is constant and fluctuates with intensity. Patient's treatment history includes physical therapy, acupuncture treatment, chiropractic treatment, epidural injection, and medications. The patient states that she has not taken any oral medication, which has drastically reduced her abdominal complaints. Patient states her lumbar spine is her greatest orthopedic complaint. Patient was advised to continue with home exercise program. Treater is requesting topical ibuprofen cream 60 g, 30-day supply with 1 refill. Utilization review denied the request on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN CREAM 60GM 10% 30 DAY SUPPLY WITH ONE REFILL: 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: This patient presents with continued low back pain. The treater is requesting an Ibuprofen cream 60 g 10%, 30-day supply with 1 refill to "treat chronic pain and curtail medication consumption." Utilization review from 02/19/2014 denied the request without discussing a rationale for the denial. The MTUS Guideline has the following regarding topical creams page 111 under to topical pain section, "for nonsteroidal antiinflammatory agents, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are short and small of duration. Topical NSAIDS have been shown at [REDACTED] to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical cream." In this case, the patient does not meet the indication for this topical medication as he does not present with any osteoarthritis or tendinitis symptoms. This request is not medically necessary.