

<b>Case Number:</b>	CM14-0035362		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 48-year-old female was reportedly injured on April 12, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 6, 2014, indicated that there were ongoing complaints of cramping in the right long and ring fingers as well as intermittent neck pain and bilateral shoulder pain. Current medications include naproxen and glucosamine chondroitin. The physical examination demonstrated a positive Hawkins test of the right shoulder and pain at the lateral epicondyles of the right elbow with a handshake. There was a positive CMC grind test of the right thumb with thenar and intrinsic muscle weakness. A transdermal ibuprofen cream was prescribed. Previous treatment included a right sided carpal tunnel release on March 29, 2013. A request had been made for Ibuprofen cream and was not certified in the pre-authorization process on May 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen cream 60mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to the previous utilization management review, the request for ibuprofen cream was not certified as it was stated that this medication has not been studied for long-term usage and also states that osteoarthritis and tendinitis of the knee and elbow are amenable to topical treatment. The injured employee has been diagnosed with tendonitis of the right elbow as well as de Quervains tenosynovitis of the right hand. Considering that these are tendonitis conditions, this request for ibuprofen cream is medically necessary.