

Case Number:	CM14-0042420		
Date Assigned:	07/02/2014	Date of Injury:	01/07/2005
Decision Date:	08/15/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

46 years old female claimant sustained a work injury on 12/19/08 involving the low back, neck and upper extremities. She had bilateral shoulder derangement, bilateral cubital tunnel syndrome, cervical discopathy and the right first finger trigger finger. She was diagnosed with lumbar radiculopathy and underwent epidural steroid injections. A progress note on May 1, 2014 indicated she had eight out of 10 pain without medications and three out of 10 pain with medications. She had neck pain and low back pain which radiated to the respective extremities. Exam findings were notable for tenderness to palpation in the vertebral regions from L3 to S1. In addition there was spinal vertebral tenderness in the cervical region as well as myofascial trigger points in the trapezius muscle areas. The claimant was prescribed Enovarx- Ibuprofen (she had been taking this for several months), Gabapentin, Cyclobenzaprine and Restone for pain and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx-Ibuprofen 10% kit #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, topical analgesics.

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

Decision rationale: Enovarx-Ibuprofen is a topical Non-Steroid Anti-Inflammatory Drug (NSAID) containing 10 % Ibuprofen. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Non-Steroid Anti-Inflammatory Drugs (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. It has not been evaluated for treatment of the spine, hip or shoulder. Based on the guidelines and lack of supporting evidence, the request of Enovarx-Ibuprofen 10% kit #1 is not medically necessary and appropriate.