

Case Number:	CM14-0045499		
Date Assigned:	06/27/2014	Date of Injury:	01/17/2013
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 37-year-old female was reportedly injured on 1/17/2013. The mechanism of injury was not listed. The most recent progress note, dated 3/14/2014, indicated that there were ongoing complaints of neck, shoulder, elbow, wrist, hand and low back pains. The physical examination was as follows: Negative Spurling's and compression test of the cervical spine, positive handshake test on the right, pain in the right lateral epicondyle with right wrist extension against resistance, positive Phalen's maneuver bilaterally. Diagnoses: Cervical thoracic strain/mild arthrosis, left shoulder impingement syndrome with acromioclavicular joint arthrosis, carpal tunnel syndrome, lumbosacral strain/arthrosis and posttraumatic concussion headaches. Previous treatment included acupuncture, home exercise program and medications to include Lexapro, Topamax, and Petadolex for headaches. A request was made for Ibuprofen 10% Cream 120 mg and was denied in the pre-authorization process on 3/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 10% Cream 120MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: MTUS Guidelines support topical non-steroidal anti-inflammatory medications (NSAIDs) for the short-term treatment of osteoarthritis and tendonitis for individuals who were unable to tolerate oral non-steroidal, anti-inflammatories. The treatment guidelines support four to twelve weeks of topical treatment for joints that are amenable to topical treatments; however, there was little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the claimant's diagnosis, date of injury and clinical presentation, this request is not medically necessary and appropriate.