

Case Number:	CM14-0052770		
Date Assigned:	07/07/2014	Date of Injury:	06/03/2009
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 50-year-old female with date of injury of 06/03/2009. Per treating physician's report on 02/12/2014, the patient presents with neck pain with radiation down the left ankle; low back pain with radiation down the left leg; pain at 7/10 with medications, 9/10 without medications; and the pain is unchanged since last visit. The patient has limited activities of daily living with self-care hygiene, activity, ambulation, hand function and sleep. MRI from 07/30/2009 showed degenerative changes with 3 to 4-mm disk bulge at C5-C6, MRI of lumbar spine from 07/30/2009 showed degenerative disk changes, MRI of the wrist from 07/30/2009 showed small joint effusion with mild osteoarthritis. The left shoulder on 07/30/2009 showed no definite evidence of internal derangement. Listed diagnoses are chronic pain, cervical facet arthropathy, cervical radiculopathy, lumbar radiculopathy, myositis, myalgia, left-sided lateral epicondylitis and cubital tunnel syndrome. Recommendation for treatment was for cervical epidural steroid injection; medications that included Norco, naproxen, and also EnovaRx-Ibuprofen 10% kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx-ibuprofen 10% Kit as directed #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-inflammatory Medications, Epidural Steroid

Injections (ESIs), Anti-inflammatory Medications and Gastrointestinal Symptoms, Opioids Ongoing Management, Topical Analgesics Page(s): 22,46,68,78,111. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) (web), Pain-Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: This patient presents with chronic neck pain, low back pain with radicular symptoms, myalgia, myositis, left-sided lateral epicondylitis, along with left cubital tunnel syndrome. The treating physician has asked for EnovaRx-Ibuprofen 10% kit, which is a topical product containing ibuprofen. For topical products, MTUS supports NSAIDs topical for peripheral arthritis, tendinitis problem. In this case, the patient does present with peripheral joint tendinitis namely epicondylitis. However, the treating physician does not explain where this medication is used. Topical NSAIDs are not indicated for axial spinal condition. There is no discussion regarding how this topical cream/product is used. Review of the reports show that the patient was prescribed this product on 03/12/2014 as well as 02/12/2014. Neither of these reports showed how the patient is responding to this medication in regards to the patient's epicondylitis. MTUS Guidelines page 60 also required documentation of pain and function when medications are used for chronic pain condition. In this case, while topical NSAID product may be indicated for peripheral joint arthritis or tendinitis, the treating physician does not provide information regarding where this medication is being used and with what effectiveness. Therefore, the request for Enovarx-Ibuprofen 10% Kit as directed #1 is not medically necessary and appropriate.