

Case Number:	CM14-0053695		
Date Assigned:	07/07/2014	Date of Injury:	06/07/2013
Decision Date:	08/15/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claimed for chronic neck, low back, and bilateral shoulder pain reportedly associated with an industrial injury of June 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounded drugs; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture over the course of the claim. In a progress note dated July 2, 2014, the applicant was described as having ongoing complaints of neck and upper shoulder pain, reportedly out of proportion to largely negative shoulder MRI imaging. The applicant had not been working since August 2013, it was further acknowledged. On May 20, 2014, the applicant was given prescriptions for oral Ibuprofen and Prilosec. Several topical compounded drugs, including the two agents in question, were endorsed on an earlier progress note of April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2% pain relief cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=f2b463d7-3fcf-4b2c-8ba28e51e3290de2>), Xolido (Lidocaine hcl) cream.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's reported usage of Ibuprofen, a first-line oral pharmaceutical, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical drugs such as Xolido. Therefore, the request of Xolido 2% pain relief cream is not medically necessary and appropriate.

EnovaRX-Ibuprofen 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=f2b463d7-3fcf-4b2c-8ba28e51e3290de2>), Xolido (Lidocaine hcl) cream.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As with the other topical compounds, the MTUS Guideline in ACOEM Chapter 3, page 47, deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant's ongoing usage of first-line oral Ibuprofen effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical analgesics such as EnovaRx. Therefore, the request of EnovaRX-Ibuprofen 10% cream is not medically necessary and appropriate.