

Case Number:	CM14-0054057		
Date Assigned:	07/07/2014	Date of Injury:	03/20/2006
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Pain 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 injured worker is a 66-year-old male with a reported injury on 03/20/2006. The injured worker had cumulative repetitive trauma due to working at a winery and working long shifts 8 to 12 hours a day. The injured worker was sent to chiropractic therapy and it did seem to be effective for him. He stated that the pain had resolved. The injured worker has had a previous spinal stimulator that also was stated to be effective to eliminate the back pain and to increase his activities of daily living. The injured worker had a failed back surgery of an L3-4, L4-5, L5-S1 discectomy and decompression on 08/26/2007. Upon examination, the injured worker had no complaints of pain and he reported that he had regained the ability to perform his activities of daily living that he could not achieve previously. The injured worker did report though that the pain did get worse when he was sitting, walking, standing, bending, driving, or during sexual intercourse, and when rising from a chair. His list of medications included the hydrochlorothiazide, lisinopril, B12 vitamin, warfarin, and Loratadine. His orthopedic testing revealed positive bilateral psoas producing low back pain and bilateral Ely's producing low back pain. The injured worker did have a positive left straight leg raise test producing low back pain at 40 degrees and then the right leg straight leg test was producing back pain at 35 degrees. The recommendation of treatment was to discontinue the use of the 10% ibuprofen cream. The Request for Authorization and the rationale for the ibuprofen cream 10% were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enova RX-Ibuprofen topical cream 10%, every 6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatories).

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

Decision rationale: The Enova RX ibuprofen topical cream 10% every 6 hours is non-certified. The injured worker has had a history of back pain but he has had a spinal stimulator that has eliminated his pain and increased his activities of daily living, he has had the chiropractic therapy that was helpful, at the time of his examination on 04/17/2014. The injured worker had no complaints of pain. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The nonsteroidal anti-inflammatory agent's efficacy in clinical trials is inconsistent and most studies are small and short of duration. The injured worker does not have a diagnosis of osteoarthritis or tendonitis. The NSAID cream has not been evaluated for the treatment of the spine or the hip or the shoulders. Furthermore, the ibuprofen cream was recommended to be discontinued due to gastrointestinal issues on 04/17/2014. The request did not specify directions as to frequency and placement as to where to apply the cream. Therefore, the request for the ibuprofen cream 10% is non-certified.