

<b>Case Number:</b>	CM14-0070371		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/08/2004
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

This is a 64-year-old female with a date of injury of 10/08/04. The mechanism of injury was not noted. On 4/11/14 she complained of neck pain radiating down bilaterally to upper extremities. She has pain and numbness in the left elbow, fingers, hand and shoulder. On exam there is spasm noted bilaterally in the paraspinal muscles. There was restricted range of motion of the left shoulder with pain. The diagnostic impression is s/p (status post) anterior fusion at levels C3-4, C4-5, and C5-6; cervical facet arthropathy, cervical radiculopathy, and s/p right shoulder surgery x 2. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 4/30/14 denied the request for Enova Rx-ibuprofen 10% cream. The ibuprofen cream was denied because guidelines indicate that regarding topical NSAIDs, this treatment modality has been inconsistent and most studies are small and have short duration. Topically NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but wither not afterward, or with a diminishing effect over another 2- week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EnovaRx-Ibuprofen 10% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and Topical NSAID's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines )  
Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25,28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There are many agents that are compounded as mono-therapy or in combination for pain control, including NSAIDs. There is little to no research to support the use of these agents for topical use. Ibuprofen 10% cream would fall in this category. There is also no quantity specified. Therefore, the request for Enova-Rx Ibuprofen 10% cream with no quantity specified is not medically necessary.