

Case Number:	CM14-0175443		
Date Assigned:	10/28/2014	Date of Injury:	03/27/2006
Decision Date:	01/07/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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:

Injured worker is 80 year old male with diagnosis of cervical and lumbar disc syndrome, cervical and lumbar radiculitis and abnormality of gait. Date of injury was 03/27/06 when claimant complained of low back pain while assisting a passenger with bags. This request is for topical cream Ibuprofen 10%, two tubes applied three times a day once every 6-8 hours over the paracervical and paralumbar muscle. MD office visit 07/08/14 reports claimant complained of ongoing neck pain, episodes of low back pain and bilateral lower extremity weakness. Prior treatment includes completion of six therapy visits, Ibuprofen and naproxen, and ESI's. Continued home exercise program ordered. Per medical record 03/24/14, claimant is status post cerebrovascular accident. The patient has difficulty with gait, ambulates with a single point cane, gait is unsteady. Previous review dated 09/24/14 for noted request was non-certified per CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream of Ibuprofen 10%, two tubes to be applied three times a day, once every 6-8 hours, as an anti-inflammatory over the paracervical and paralumbar muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The current guidelines state that topical NSAIDs may be used for osteoarthritis and tendinitis in the knee, elbow, or other joints that are amenable to topical treatment. They are not recommended for treatment of osteoarthritis in the spine, hip, shoulder, or radicular pain. The request is not reasonable as this patients complaint is of the spine and guidelines do not recommened topical NSAID for spine pain.