

Case Number:	CM14-0179419		
Date Assigned:	11/03/2014	Date of Injury:	03/27/2006
Decision Date:	01/06/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 79-year-old male with a 3/27/06 date of injury. At the time (7/8/14) of request for authorization for Topical Cream of Ibuprofen 10% two tubes to be applied three times per day, once every six to eight hours, as an, anti-inflammatory over the paracervical and paralumbar muscles, there is documentation of subjective (ongoing cervical pain and episodes of low back pain) and objective (tenderness to palpation over the paracervical and trapezius muscles bilaterally, limited range of motion of the cervical spine, positive foraminal compression test and shoulder depressor tests bilaterally, tenderness to palpation over the paralumbar spine, and limited range of motion of the lumbar spine) findings, current diagnoses (cervical disc syndrome, lumbar disc syndrome, cervical radiculitis, and abnormality of gait), and treatment to date (physical therapy and medications (including ongoing treatment with Ibuprofen since at least 3/24/14)). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), and failure of an oral NSAID or contraindications to oral NSAIDs.

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 per day, once every six to eight 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; Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of cervical disc syndrome, lumbar disc syndrome, cervical radiculitis, and abnormality of gait. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of ongoing treatment with Ibuprofen, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Topical Cream of Ibuprofen 10% two tubes to be applied three times per day, once every six to eight hours, as an anti-inflammatory over the paracervical and paralumbar muscles is not medically necessary.