

Case Number:	CM14-0196845		
Date Assigned:	12/04/2014	Date of Injury:	12/01/2009
Decision Date:	01/21/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 31-year-old male, who sustained an injury on December 1, 2009. The mechanism of injury is not noted. Treatments have included: medications. The current diagnoses are: wrist strain, lumbar strain, cervical strain. The stated purpose of the request for Ibuprofen Cream 60gm 10%, No NDC #, No Refills, Topical Analgesic CPMD was not noted. The request for Ibuprofen Cream 60gm 10%, No NDC #, No Refills, Topical Analgesic CPMD was denied on October 23, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Ibuprofen 800mg #90, No NDC #, No Refills, NSAID: was not noted. The request for Ibuprofen 800mg #90, No NDC #, No Refills, NSAID: was denied on October 23, 2014, citing a lack of documentation of medical necessity. Per the report dated October 15, 2014, the treating physician noted complaints of left knee pain and left lower extremity numbness. Exam findings included decreased left lower extremity strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen Cream 60gm 10%, No NDC #, No Refills, Topical Analgesic CPMD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents; Non-steroidal anti-inflammatory med.

Decision rationale: The requested Ibuprofen Cream 60gm 10%, No NDC #, No Refills, Topical Analgesic CPMD, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has left knee pain and left lower extremity numbness. The treating physician has documented decreased left lower extremity strength. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criterion noted above not having been met, Ibuprofen Cream 60gm 10%, No NDC #, No Refills, Topical Analgesic CPMD is not medically necessary.

Ibuprofen 800mg #90, No NDC #, No Refills, NSAID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Ibuprofen 800mg #90, No NDC #, No Refills, NSAID, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has left knee pain and left lower extremity numbness. The treating physician has documented decreased left lower extremity strength. The treating physician has not documented current inflammatory conditions, duration of treatment, nor derived functional improvement from its previous use. The criteria noted above not having been met, Ibuprofen 800mg #90, No NDC #, No Refills, NSAID: is not medically necessary.