

Case Number:	CM14-0200988		
Date Assigned:	12/11/2014	Date of Injury:	09/20/2012
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60 year old male sustained work related industrial injuries on September 20, 2012. The mechanism of injury involved attempting to toss a 40 pound sack of feathers into a basket causing injury to right upper extremity. The injured worker subsequently complained of pain in the neck, right wrist, right elbow and right shoulder. Treatment consisted of radiographic imaging, prescribed medications, surgical procedure to right elbow in April 2013, EMG studies, consultations and periodic follow up visits. According to the provider notes, EMG studies revealed nerve damage in the right upper extremity. MRI of the elbow and wrist dated June 15, 2014 revealed degenerative changes. MRI of the right shoulder revealed degenerative changes and supraspinatus tendinitis. Per treating provider report dated October 21, 2014, physical exam revealed muscle guarding of the cervical spine and tenderness to palpitation. Shoulder exam revealed atrophy of the right shoulder, bilateral myofascial tenderness to palpitation, and tenderness over the right hand and inner right elbow with palpitation. As of October 21, 2014, the injured worker remains on modified duty with no lifting more than two pounds. The treating physician prescribed EnovaRX-Ibuprofen 10% cream 120 grams for 30 day supply services now under review. On November 4, 2014, the Utilization Review (UR) evaluated the prescription for EnovaRX-Ibuprofen 10% cream 120 grams for 30 day supply requested on October 28, 2014. Upon review of the clinical information, UR non-certified the request for EnovaRX-Ibuprofen 10% cream 120 grams for 30 day supply, noting the lack of medical necessity based on the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EnovaRX-Ibuprofen 10% cream 120 grams for 30 day supply: Upheld

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

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

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (Ibuprofen in topical forms). There is no documentation of failure of first line therapy for pain such as antiepileptic in this case. Therefore, EnovaRX-Ibuprofen 10% cream 120 grams for 30 day supply is not medically necessary.