

Case Number:	CM14-0203864		
Date Assigned:	12/16/2014	Date of Injury:	09/17/1999
Decision Date:	04/21/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 59 year old male, who sustained an industrial injury on 9/17/99. He has reported neck and back pain due to injury. The diagnoses have included cervical and lumbar discogenic pain syndrome, cervical radiculopathy, status post cervical fusion, cervical and lumbar spinal stenosis, and lumbar post laminectomy syndrome, pain in the upper and lower back and constant severe pain. Treatment to date has included medications, facet medial branch nerve injections, surgery, Home Exercise Program (HEP), activity modifications, and diagnostics. Currently, as per the physician progress pain management note dated 10/2/14, the injured worker complains of continued low back pain that was constant, sharp and stabbing. The pain with medications was rated 8/10 on pain scale and without medications was rated 9/10. The pain has worsened. The current pain medications included Lidocaine patch, Morphine Sulfate Contin, Gabapentin, Ketoprofen, and Norco. The physical exam of the lumbar area revealed tenderness with palpation, limited range of motion due to pain, pain was significantly increased with flexion and extension, and facet signs present in the lumbar spine bilaterally. The Treatment Plan included facet rhizotomy bilaterally for lumbar and cervical facet joint pain and the physician prescribed Enovarx-Ibuprofen 10% Ointment to control musculoskeletal pain. The requested treatment includes Enovarx-Ibuprofen 10% Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx-Ibuprofen 10% Ointment: 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, compound creams.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ibuprofen NSAIDs. MTUS states regarding topical NSAIDs, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Additionally, the records indicate that the treatment area would be for musculoskeletal pain. As such, the request for Enovarx-Ibuprofen 10% Ointment is not medically necessary.