

Case Number:	CM15-0003222		
Date Assigned:	01/14/2015	Date of Injury:	08/26/2009
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male sustained an industrial injury on 8/26/09. Diagnoses include lumbar sprain, lumbar disc degeneration and cervical disc displacement. He subsequently reports back, left knee, right shoulder and right elbow pain. The injured worker underwent bilateral L3-4, L4-5 and L5-S1 medial branch radiofrequency rhizotomy on 9/15/14. On 12/11/14 UR partially certified Ibuprofen 10% Cream 60 gm refills: 1. The Ibuprofen 10% Cream 60 gm refills: 1 request was modified to Ibuprofen 10% Cream 60 gm no refill based on the lack of clear indications and the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 10% cream 60gm x 1 refill: 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 rationale: The patient presents with pain in right elbow and low back radiating to lower extremities. The request is for IBUPROFEN 10% CREAM 60GM X 1 REFILL. The request for authorization is dated 12/03/14. Patient is status-post left knee arthroscopy 06/2010. Patient is status-post lumbar facet rhizotomy 01/20/14. Due to his right elbow pain he has had to adjust the way he lifts causing increase in pain to right shoulder, ankles and feet. This improved with his diabetic shoes and inserts but they are wearing down and his pain is worsening. Patient's medications include Wellbutrin, Ambien, Xanax, Norco, Soma and Flector patch. The patient is permanent and stationary. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. It further states that NSAIDs are indicated for 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. Treater has not provided reason for the request. In this case, the patient has a diagnosis of right elbow medial/lateral epicondylitis for which topical Ibuprofen would be indicated. However, the request is with a refill and it is not known how long the patient has been on this topical. The treater does not document or discuss it's efficacy and how it has been or is to be used. If it is for a first-time trial, a refill would not be necessary. Therefore, the request IS NOT medically necessary.