

Case Number:	CM15-0006862		
Date Assigned:	01/26/2015	Date of Injury:	11/10/2009
Decision Date:	04/03/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona
 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:

The injured worker is a 65-year-old male who reported an injury on 11/10/2009. The mechanism of injury was a fall. There was a Request for Authorization submitted for review dated 01/07/2015. The documentation of 01/05/2015 revealed the injured worker had irritability in the neck, with recent EMG/NCV showing evidence of chronic C7 nerve root irritation on the left side with evidence of carpal tunnel syndrome and cubital tunnel syndrome on the left. The injured worker had intermittent paresthesia. The injured worker was having previous improvement with the use of topical flurbiprofen. The physical examination revealed increased tone throughout the cervical paraspinal musculature. Gentle compression testing caused pain. However, no gross Lhermitte. The diagnoses included degenerative cervical disc disease status post fall on 11/10/2009 with subsequent posttraumatic rotator cuff tendinopathy and arthroscopic subacromial decompression, debridement, and bicipital tenotomy on 03/18/2010 with a revision on 08/17/2011 and a history of arthroscopic subacromial decompression and rotator cuff repair on the right shoulder without evidence of re-tear on 10/24/2014. The treatment plan included a continuation of Ultram, lidocaine patches, and a flurbiprofen topical which was effective for reducing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS Page(s): 111, 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. 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 to 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. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally, there was a lack of documentation indicating the body part that would be treated with the medication. The request as submitted failed to indicate the quantity, frequency, and body part to be treated with the topical ibuprofen. The documentation indicated the injured worker had pain relief. However, there was a lack of documentation of objective pain relief and objective functional improvement. Given the above, the request for topical ibuprofen is not medically necessary.