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| Case Number: | CM15-0009602 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 08/06/2013 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old male, who sustained an industrial injury while working as a dishwasher on 8/6/13. He has reported injuries to upper, lower back and bilateral wrists. The diagnoses have included bilateral carpal tunnel syndrome, lumbosacral strain/arthrosis, discopathy, with spondylolisthesis and neural foraminal stenosis, ophthalmologic complaints and psychiatric complaints. Treatment to date has included conservative treatment, splinting, activity modifications, medications, and diagnostics. Currently, the injured worker continues to complain of bilateral hand and wrist pain, impaired vision and lower back pain. The pain in the lumbosacral spine is rated 8/10 with radiation of pain to bilateral lower extremities. He continues to complain of bilateral shoulder pain. The physical exam revealed tenderness over the lumbar paraspinal, bilateral shoulder joint lines. He continues to complain of blurred vision. There was positive tinel's and phalen's test bilaterally. The hand surgeon noted failure of conservative care and is now a surgical candidate. Treatment was to continue medications including topical cream, Home Exercise Program (HEP) and follow up with specialist. On 1/6/15 Utilization Review non-certified a request for Ibuprofen 10 Percent Cream 60 Grams, noting the injured worker has been using the cream since July of 2014 and there is no evidence of improvement in pain and functioning with its use. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 10 Percent Cream 60 Grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic; NONSELECTIVE NSAIDS, page(s) 107. Page(s): 111; 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. There is no documentation of that is controlled study supporting the use of ibuprofen as a topical analgesic for the treatment of back pain. Therefore, Ibuprofen 10 Percent Cream 60 Grams is not medically necessary.