

Case Number:	CM15-0108331		
Date Assigned:	07/22/2015	Date of Injury:	09/02/2005
Decision Date:	08/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 09/02/2005. Current diagnoses include lumbar disc degeneration, chronic pain, failed back surgery syndrome-lumbar, lumbar radiculopathy, and status post fusion-lumbar spine. Previous treatments included medications, surgical intervention, acupuncture, chiropractic therapy, and home exercise program. Previous diagnostic studies include urine drug screening, EMG/NCS, and lumbar spine MRI. Report dated 04/08/2015 noted that the injured worker presented with complaints that included neck pain with numbness in the left upper extremity, low back pain with radiation down the bilateral lower extremity with associated numbness, bilateral shoulder pain, middle back pain, and gastroesophageal reflux disease (GERD). Pain level was 7 out of 10 (with medications) and 10 (without medications) on a visual analog scale (VAS). Physical examination was positive for a slow antalgic gait, spasms and tenderness in the cervical spine, spasm and tenderness in the lumbar spine with decreased range of motion due to pain, decreased sensation and strength along the L2-S1 dermatome, and positive straight leg raise bilaterally. Currently the injured worker is not working. The treatment plan included continuing home exercise program, urine drug screen performed, follow up in one month, renewed prescriptions for Flexeril, gabapentin, hydrocodone/APAP, Enova-ibuprofen 10% kit, and lidocaine gel, and discontinue ketoprofen. Disputed treatments include Enova-ibuprofen 10% kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx Ibuprofen 10% kit Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 78, and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) which is "recommended for treatment of osteoarthritis, specifically the knee during the first two weeks of treatment, and there is little evidence to utilize topical NSAID's for treatment of osteoarthritis of the spine, hip, or shoulder, and not recommended for neuropathic pain." The medical records submitted for review did not support the use of the medication as the injured workers complaints of pain included the bilateral shoulder, neck and back, Also, the prescription did not include the site of application and there was no indication that the injured worker had trialed and failed all other recommended first line agents such as antidepressants and anticonvulsants. Therefore, the request for Enovarx Ibuprofen 10% kit Qty 1 is not medically necessary.