

Case Number:	CM15-0141346		
Date Assigned:	07/31/2015	Date of Injury:	02/02/1999
Decision Date:	09/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, Florida, California

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 71 year old female, who sustained an industrial injury on February 2, 1999. She reported low back pain radiating to the gluteal region. The injured worker was diagnosed as having degenerative joint disease of the bilateral knees, bilateral carpal tunnel syndrome and degenerative disc disease of the lumbar spine. Treatment to date has included home exercises, a lumbar brace and medications. Currently, the injured worker continues to report low back pain radiating to the gluteal region. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on June 10, 2015, revealed continued pain as noted. It was noted she was instructed to stop all non-steroidal anti-inflammatory secondary to elevated blood pressure. It was noted if the blood pressure was not controlled Enovarx ibuprofen cream and Terocin patches will need to be dispensed. Evaluation on July 23, 2015, revealed continued start up pain increasing by late afternoon. It was noted she had an unsteady gait and used a cane for ambulation. Enovarx ibuprofen cream, one month supply was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx ibuprofen cream, one month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: This claimant was injured now 16 years ago. The diagnoses were degenerative disease in the knees, bilateral carpal tunnel syndrome, and degenerative disease of the lumbar spine. She was instructed to stop all NSAID due to high blood pressure. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, the concern is that the NSAID is raising blood pressure; however Ibuprofen is absorbed systemically through the skin, even in a topical preparation. Therefore, the request is appropriately not-certified.