

Case Number:	CM15-0161772		
Date Assigned:	08/27/2015	Date of Injury:	12/30/2010
Decision Date:	09/30/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old woman sustained an industrial injury on 12-30-2010. The mechanism of injury is not detailed. Diagnoses include cervicothoracic strain-arthrosis, unlikely significant bilateral shoulder pathology, bilateral carpal tunnel syndrome with left side release, low back and right leg complaints, psychiatric complaints, and sleep disturbance. Treatment has included oral medications. Physician notes on a PR-2 dated 7-2-2015 show complaints of low back and right leg pain as well as psychiatric complaints and sleep disturbance. Recommendations include continue home exercise program and Ibuprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enova prescription - Ibuprofen 10% cream, 60gm apply thin layer twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in December 2010 and is being treated for low back and right lower extremity pain. Her past medical history includes hypertension. The claimant has a history of upper abdominal pain and nausea with reflux symptoms since soon after starting oral ibuprofen in October 2011. When seen, she was having difficulty sleeping. There was tenderness to palpation. Topical compounded ibuprofen was prescribed. Ibuprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of ibuprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has intolerance of oral non-steroidal anti-inflammatory medication but has not had a trial of topical diclofenac. This medication was not medically necessary.