

Case Number:	CM15-0162238		
Date Assigned:	08/28/2015	Date of Injury:	01/24/2000
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

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

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 52 year old male injured worker suffered an industrial injury on 1-24-2000. The diagnoses included lumbar radiculopathy, headaches, and chronic pain. The treatment included medications. The diagnostics included cervical and lumbar magnetic resonance imaging. On 7-1-2015 the treating provider reported neck pain that radiated down the arms, low back pain radiating down the legs accompanied by numbness and muscle weakness. He reported frequent muscle spasms in the low back. There was pain in both knees and headaches. The pain was rated 4 to 5 out of 10 with medications and 9 out of 10 without medications and the pain had worsened since last visit. On exam the cervical and lumbar spine had spasms and tenderness. There was tenderness and reduced range of motion to the left knee. The injured worker had not returned to work. The requested treatments included EnovaRx-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, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 52 year old patient complains of neck pain radiating down bilateral upper extremities, low back pain radiating to bilateral lower extremities along with numbness, bilateral knee pain, and headaches, rated at 4-5/10 with medications and 9/10 without medications, as per progress report dated 07/01/15. The request is for ENOVARX-IBUPROFEN 10% KIT, QUANTITY: 1. The RFA for this case is dated 07/21/15, and the patient's date of injury is 01/24/00. The patient is status post right knee surgery on 09/02/14, as per progress report dated 07/01/15. Diagnoses included lumbar radiculopathy, headaches, chronic pain, and L5-S1 protrusion. Medications included Diclofenac, Gabapentin, Hydrocodone, Ibuprofen, Pantoprazole, Orphenadrine and Enovarx-Ibuprofen cream. Diagnoses, as per progress report dated 07/09/15, medial meniscal tear, osteoarthritis of the knee, pain in lower leg joint, and lumbago. The patient has also been diagnosed with depressive disorder and somatoform pain disorder, as per progress report dated 05/26/15. The patient is not working, as per progress report dated 07/01/15. The MTUS Chronic Pain Guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Ibuprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Enovarx-Ibuprofen cream is first noted in progress report dated 06/03/15. This appears to be the first prescription for this medication. In the report, the treater states that topical Ibuprofen helps reduce pain and improve function without the use of opioids. The treater states levels of NSAID in the meniscus and cartilaginous structures as well as in muscular tissues is 4 to 7 times greater after topical administration than oral administration. As per progress report dated 07/01/15, the current treatment, which included medications and physical therapy, has contributed to decreased pain, his increased level of function and his improved quality of life. It appears that the medication is being used for knee pain. The patient has been diagnosed with osteoarthritis of knee and MTUS supports the use of topical NSAIDs for this condition. Given the efficacy and diagnosis, the request appears reasonable and IS medically necessary.