

<b>Case Number:</b>	CM15-0163359		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on 7-27-2009. Diagnoses include chronic regional pain syndrome. Treatment to date has included diagnostics, left lumbar sympathetic block (3-03-2015), acupuncture and medications. Per the Pain Medicine Reevaluation dated 8-04-2015, the injured worker reported low back pain that radiates down the left lower extremity and left leg pain with associated weakness. Physical examination of the lumbar spine revealed moderately limited range of motion due to pain. Lower extremity examination revealed tenderness upon palpation to the left knee and left foot. There was mild swelling in the left foot. There was decreased strength of the extensor muscles along the L4-S1 dermatome with associated allodynia and discoloration of the left lower extremity. The plan of care included additional lumbar sympathetic block, home exercise, weight loss program, and medication management and authorization was requested for Percocet 5-325mg #20, Enovax-ibuprofen 10% kit #1, Gabapentin 600mg #90 and Lidocaine 5% patch. The medication list includes Percocet and Gabapentin. The patient has had UDS on 5/20/15 that was negative for opioid and it was inconsistent. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Enovax-Ibuprofen 10% kit, quantity of one, unspecified refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** EnovaRX Ibuprofen is a product made by [REDACTED] which contains topical ibuprofen. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis "MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. As per cited guideline, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use."The medication Ibuprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ibuprofen is not recommended by MTUS. EnovaRX-Ibuprofen 10% kit, quantity of one, unspecified refills is not medically necessary for this patient.