

Case Number:	CM15-0164121		
Date Assigned:	09/01/2015	Date of Injury:	09/02/2005
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: California, North Carolina
 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 50 year old male who sustained an injury on 9-2-05. The initial symptoms and complaints are not included in the medical records. Diagnoses include lumbar disc degeneration; chronic pain other, failed back surgery syndrome; lumbar radiculopathy; status post fusion, lumbar spine. The pain medicine evaluation from 5-6-15 reports complaints of neck pain with numbness intermittently to left upper extremity to the level of the hand; frequent muscle spasms; lower back pain with numbness frequently in the bilateral lower extremities; bilateral pain in the shoulders. The pain is rated as 7 out of 10 with medications. The IW states acupuncture, current opioid pain medication and pool therapy are helpful. The treatment plan is to continue on going home exercise program. The IW declined an epidural injection at this visit. Medications prescribed include Norco 10-325 mg 1 tablet three times daily as needed for pain; Lidocaine Hcl 2% jelly, Gabapentin 600 mg 1 tablet twice daily; Cyclobenzaprine 7.5 mg 1 tablet three times a day as needed for spasms. Currently as noted on 6-17-15 the orthopedic examination the IW has lower back pain with increased activity and is continuing with pain management. Objective findings are non-antalgic gait and is able to heel and toe walk without difficulty; no paravertebral muscle tenderness cervical spine; tenderness to palpation in the upper, mid and lower paravertebral muscles; mild limitation of motion; no sensory deficit, motor weakness. Lumbar spine examination reveal there are right lower muscle spasms; well healed non tender posterior incision without signs of infection; tenderness to palpation in the upper, mid and lower paravertebral muscles; range of motion flexion 1-15 degrees, 20 degrees right later bending; 10 degrees left lateral bending; 20 degrees right lateral

rotation; 10 degrees left lateral rotation and extension 15 extension; straight leg raising and rectus femoris stretch sign not demonstrate any nerve irritability. Diagnoses are chronic lumbar radiculopathy; status post ALIF, PLIF at L4-L5 and L5-S1 December 2008; chronic lumbar disc protrusion L1-L2. Continue with pain management specialist was recommended. Current requested treatments 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Medications, NSAIDs.

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

Decision rationale: CA MTUS Guidelines state that topical NSAIDs have been shown to be superior to placebos in the first two weeks of treatment for osteoarthritis and tendinitis, but either not afterward or with a diminishing effect over another 2 week period. They are not recommended for neuropathic pain. In this case, the patient has side effects to oral NSAIDs, however topical NSAIDs may also result in GI side effects. In addition, Ibuprofen has not been approved by the FDA for topical use. Therefore the request is not medically necessary or appropriate.