

Case Number:	CM15-0194717		
Date Assigned:	10/08/2015	Date of Injury:	08/07/2008
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 63 year old female with an industrial injury dated 08-07-2008. A review of the medical records indicates that the injured worker is undergoing treatment for cervical thoracic strain and arthrosis with central and foraminal stenosis and resultant cephalgia, bilateral shoulder impingement syndrome with right sided partial thickness rotator cuff tear, right elbow lateral epicondylitis, left elbow medial epicondylitis, bilateral hand wrist sprain and strain, T6-T7 and T7-8 disc protrusions, and lumbar discopathy. In a progress report dated 04-21-2014, the injured worker reported neck pain. Physical exam (04-21-2014) revealed tenderness in the right sternocleidomastoid region, bilateral levator scapula region, and bilateral upper trapezius region. The physical exam (04-21-2014) also revealed positive foraminal compression test, positive Spurling's test, positive hand shake test, and pain in the medial and lateral epicondylitis with positive Tinel's and Phalen's maneuver in the bilateral hand and wrist. According to the progress note dated 08-26-2015, the injured worker reported very significant low back pain going down her legs and neck pain. Objective findings (08-26-2015) revealed markedly positive straight leg raises signs bilaterally. Treatment has included diagnostic studies, prescribed medications, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit device and periodic follow up visits. The treating physician prescribed services for EnvoaRX-Ibuprofen 10mg, 60gm (2 refills) and Flector patches, 1 box (1 refill). Medical records did not indicate how long the injured worker has been on Flector patches and EnvoaRX-Ibuprofen. A review of medical documentation also did not indicate any significant evidence of functional improvement or significant decrease in pain. The utilization review dated 09-17-2015, non-certified the request for EnvoaRX-Ibuprofen 10mg, 60gm (2 refills) and Flector patches, 1 box (1 refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

EnvoaRX-Ibuprofen 10mg, 60gm (2 refills): Upheld

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

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no scientific research to support the use of many of these agents. The request is for EnvocRx Ibuprofen for topical use. Topical NSAIDs may be useful in the treatment of osteoarthritis and tendinitis in patients with a contraindication to oral NSAIDs. In this case there is no contraindication to oral NSAIDs nor rationale provided for the necessity of a topical agent. There is no documented pain relief or improved function with previous use of the topical Ibuprofen. There are no long-term studies demonstrating the efficacy and safety of topical Ibuprofen. Therefore the request is not medically necessary or appropriate.

Flector patches, 1 box (1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to support their use. There is little to no research to support the use of many of these agents. The request is for Flector (Diclofenac) patches for chronic pain treatment. There is little evidence to support the use of a topical NSAID over an oral NSAID without a contraindication to oral NSAIDs. In this case, there is no evidence that an oral NSAID is contraindicated. In addition, Diclofenac patches are recommended for use in treatment of minor strains, sprains and contusions, which are not present in this patient. Therefore, based upon the above findings, this request is not medically necessary or appropriate.