

Case Number:	CM15-0197665		
Date Assigned:	11/06/2015	Date of Injury:	01/24/2000
Decision Date:	12/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/07/2015

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: Emergency Medicine

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 (IW) is a 53 year old male, who sustained an industrial injury on 1-24-2000. The injured worker is being treated for lumbar radiculopathy, headaches, chronic pain, and status post knee surgery. Recent treatment to date has included medication management, and psychiatric pain evaluation and treatment. Per the Pain Medicine Reevaluation dated 8-26-2015, the injured worker presented for pain medicine reevaluation. He reported neck pain with radiation down the bilateral upper extremities, low back pain with radiation down the bilateral lower extremities, lower extremity pain, headaches and increased pain in the right knee. He rated the pain as 4 out of 10 in intensity on average with medications since the last visit, and 9 out of 10 in intensity on average without medications since the last visit. His pain is described as worse since the last visit. Objective findings included spasm in the bilateral paraspinous musculature of the lumbar and cervical spine. There was tenderness at C5-7 and L4-S1 levels. Pain was significantly increased with flexion and extension of the lumbar and cervical spine. There was tenderness to palpation of the left knee and decreased range of motion in the bilateral extremities due to pain. A Toradol injection with B12 was administered. The notes from the provider do not document that oral NSAIDs are not being tolerated, and the IW has been prescribed Diclofenac. A urine drug screen was performed on 5-06-2015 and 7-01-2015. Work status was determined by PCP. He is not currently working. The plan of care included, and authorization was requested for Diclofenac DR 50mg #60, Pantoprazole 20mg #30, Norco 10-325mg #30, Orphenadrine ER #30, Gabapentin 600mg #90, Enovarx-Ibuprofen 10% kit #1, one follow-up visit and one urine

drug screen. On 9-14-2015, Utilization Review non-certified the request for Enovarx-Ibuprofen 10% kit #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Enovarx-Ibuprofen 10% kit #1: 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: The requested 1 prescription of Enovarx-Ibuprofen 10% kit #1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has tenderness at C5-7 and L4-S1 levels. Pain was significantly increased with flexion and extension of the lumbar and cervical spine. There was tenderness to palpation of the left knee and decreased range of motion in the bilateral extremities due to pain. A Toradol injection with B12 was administered. The notes from the provider do not document that oral NSAIDs are not being tolerated, and the IW has been prescribed Diclofenac. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1 prescription of Enovarx-Ibuprofen 10% kit #1 is not medically necessary.