

Case Number:	CM15-0032615		
Date Assigned:	02/26/2015	Date of Injury:	09/09/2014
Decision Date:	04/09/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 57 year old male, who sustained a work/ industrial injury on 9/9/14 while lifting a box with possible abdominal strain. He has reported symptoms of abdominal discomfort/ epigastric area, occasional tingling and numbness on the medial right equal to left leg and entire right equal to left feet. Prior medical history was not provided. The diagnoses have included lumbar spine strain with bilateral sciatica, rule out L5-S1 radiculopathy, and epigastric pain. Treatments to date included Functional Capacity Evaluation (FCE), physical therapy, and acupuncture, general surgeon to rule out hernia, diagnostics, interferential unit, and lumbar support. Diagnostics included Computed Tomography (CT) of abdomen that noted no acute pathology, right colonic diverticulum, normal appendix. Ultrasound of the abdomen noted no gallstones, to evaluate for any hiatal hernia with barium swallow. The treating physician's report (PR-2) from 1/19/15 indicated tenderness along the lumbar paravertebral muscles, spinous process, and right greater than left sacroiliac joints. The right shoulder was slightly higher. There was pain in the thoracolumbar junction and epigastric area with full squat. There was decreased sensation along the lateral greater than medial right thigh. Straight leg raise was positive bilaterally. Supine Lesegue's was positive bilaterally. There was tenderness in the medial joint line of the left knee. There was ecchymosis and swelling along the left fourth toe with tenderness. There was localized pain in the epigastric area, midline. A request was made for Ibuprofen cream and oral Ibuprofen tablets. On 1/29/15, Utilization Review non-certified an Ibuprofen cream, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: This patient receives treatment for chronic epigastric abdominal wall strain. Ibuprofen is an NSAID, usually given orally. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. There is some, limited evidence for using topical NSAIDS to treat pain. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, and the benefit fades quickly within 2-weeks. This patient doesn't receive treatment for osteoarthritis. Given the nature of the patient's pain and the fact that the guidelines do not recommend using topical NSAIDS, ibuprofen cream is not medically indicated.