

Case Number:	CM15-0052310		
Date Assigned:	04/16/2015	Date of Injury:	07/27/2009
Decision Date:	07/28/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic low back, foot, knee, and ankle pain reportedly associated with an industrial injury of July 27, 2009. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for a topical compounded EnovaRX-ibuprofen containing topical compound while apparently approving requests for Percocet and Neurontin. The claims administrator referenced a progress note dated February 6, 2015 in its determination. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported ongoing complaints of low back and left lower extremity pain, 7 to 8/10 with medications versus 7 to 10/10 without medications, unchanged from preceding visit. Activities of daily living as basic as sitting, standing, and walking remained problematic, the treating provider reported. The applicant was status post recent lumbar sympathetic blocks, it was stated. The applicant was not working, it was acknowledged. The applicant was trying to lose weight. Neurontin, the ibuprofen-containing ointment in question, Lidoderm patches, and Percocet were renewed, while the applicant was seemingly kept off of work. The applicant was given a primary operating diagnosis of left lower extremity complex regional pain syndrome status post earlier failed foot surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

EnovaRX-Ibuprofen 10% KIT SIG: apply to area as directed QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The primary stated diagnosis here was complex regional pain syndrome, i.e., a diagnosis suggestive of neuropathic pain involving the affected left lower extremity. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical NSAIDs such as EnovaRX-Ibuprofen containing compound in question are "not recommended" in the treatment of neuropathic pain as there is no evidence to support its usage. Here, the attending provider did not furnish a clear or compelling rationale for usage of topical NSAIDs for CRPS, i.e., a diagnosis of neuropathic pain for which it is not recommended. The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Percocet, Neurontin etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compound such as the agent in question. Therefore, the request is not medically necessary.