

Case Number:	CM14-0121711		
Date Assigned:	09/16/2014	Date of Injury:	09/19/2011
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old female who has submitted a claim for cervical spine herniated nucleus pulposus, left shoulder myoligamentous injury, bilateral carpal tunnel syndrome and lumbar spine herniated nucleus pulposus associated with an industrial injury date of September 19, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of constant pain in the neck, left shoulder, bilateral hand and lower back. Numbness was also present in the neck and bilateral hands and feet. Examination of the cervical spine showed tenderness and paraspinal spasm in the spinous processes and paravertebral muscles as well as normal neurologic findings. Examination of the thoracolumbar area revealed tenderness in the right paravertebral area, positive SLR bilaterally. Treatment to date has included medications, physical therapy and injections. Utilization review from July 22, 2014 denied the request for Ibuprofen cream 10% because the patient is on oral NSAIDs and records do not show that it failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen cream 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ibuprofen is not currently FDA approved for a topical application. The only NSAID recommended for neuropathic pain is diclofenac. In this case, the patient has been prescribed Ibuprofen cream 10%. The patient does complain of some neuropathic pain evidenced in the history and physical examination. However, Ibuprofen is not recommended as a topical analgesic. Therefore the request for Ibuprofen cream 10% is not medically necessary.