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| Case Number: | CM14-0163513 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 04/28/2012 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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, has a subspecialty in Interventional Spine 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 64-year old male with an injury date of 04/28/12. Based on the 04/24/14 progress report provided by [REDACTED] the patient complains of low back pain. Physical examination to the lumbar spines reveals decreased range of motion, especially on extension 10 degrees. MRI of the lumbar spine dated July 2013 reports advanced spondylitic changes and advanced degenerative disc changes at L2-S1. Treater would like to obtain epidural steroid injection and facet injections after completing non-surgical treatment. Treater recommends continuing authorization for Naprosyn, Hydrocodone and Omeprazole. The patient is permanently disabled and on social security. Diagnosis 04/24/14- status post cervical fusion- persistent left upper arm extremity numbness related to the shoulder and the proximal arm- progressive mechanical low back pain- right sciatica- right radiculopathy with sensory deficits in the L5 [REDACTED] is requesting Enovarx- Ibuprofen cream 10% 30 day supply. The utilization review determination is dated 09/12/14. The rationale is "Ibuprofen is not recommended. The only FDA approved topical NSAID is diclofenac." [REDACTED] is the requesting provider, and he provided treatment reports from 03/20/14 - 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx- Ibuprofen cream 10% 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://enovachem.us.com>

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

Decision rationale: The patient presents with low back pain. The request is for Enovarx-Ibuprofen cream 10% 30 day supply. His diagnosis dated 04/24/14 includes right sciatica and right radiculopathy with sensory deficits in the L5 distribution. MRI of the lumbar spine dated July 2013 reports advanced spondylotic changes and advanced degenerative disc changes at L2-S1.MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use."The treater does not discuss the request and how this topical product is to be used. Review of the reports do not show diagnosis of peripheral joint arthritis/tendinitis for which topical NSAIDs are indicated. The patient presents with sciatica/radiculopathy for which topical NSAIDs are not indicated. Therefore, Enovarx-Ibuprofen cream 10% 30 day supply is not medically necessary.