MAXIMUS Federal Services

Case Number:	CM14-0180818		
Date Assigned:	11/05/2014	Date of Injury:	01/18/2011
Decision Date:	12/09/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/30/2014

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 American Board Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 51 year old male with a date of injury of 1-18-2011. He was pushing and trying to lift a heavy roll of material when he developed low back pain radiating to the left hip. An MRI scan of the lumbar spine revealed multi-level degenerative disc disease. The physical exam has revealed tenderness of the lumbar facet joints, the lumbar paraspinal musculature, the greater sciatic notches, and the posterior thighs. Lumbar range of motion has been reduced. He has had normal lower extremity reflexes and sensation but has been noted to have diminished lower extremity extensor strength bilaterally. The straight leg raise examination has been positive bilaterally. The diagnoses are lumbar radiculitis, lumbar facet arthropathy, and right sided sacroiliitis. He has been treated with anti-inflammatories, median lumbar nerve blocks, and lumbar epidural steroid injections. He was evidently prescribed a topical anti-inflammatory (Enovan-ibuprofen 10 Kit) in October 2014 but no corresponding progress note has been included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovan-ibuprofen 10 Kit: Upheld

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

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

Decision rationale: The referenced guidelines state that any compound containing one ingredient that is not recommended is itself not recommended. Topical anti-inflammatories may be used for osteoarthritis or tendonitis over the knees and/or elbows for up to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this instance, the prescribed topical compound contains the anti-inflammatory ibuprofen. The injured worker does not have an osteoarthritis or tendonitis diagnosis anywhere but the spine. Therefore, EnovaRx-ibuprofen 10% Kit is not medically necessary per the referenced guidelines.