

<b>Case Number:</b>	CM14-0210564		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: 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:

Patient is a 39 year-old female with date of injury 01/13/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/18/2014, lists subjective complaints as pain in the left knee. Patient is status post left knee partial meniscectomy on 07/03/2014. Objective findings: Examination of the left knee revealed significant effusion. Patient had soft tissue swelling over the lateral aspect of the knee. Tenderness to palpation over the distal IT band. Remainder of examination of the left lower extremity was unremarkable. Diagnosis: 1. Status post left knee arthroscopic partial medial and lateral meniscectomy 2. Left knee distal IT band syndrome. Patient has completed 24 sessions of post-operative physical therapy for the left knee to date. The medical records supplied for review document that the patient has been taking the Naproxen for at least as far back as five months. The Enovarx- IBU cream was first prescribed on the date of the request for authorization on 11/18/2014. Medication: 1. Naproxen 550mg, #302. Enovarx- IBU Cream 10%, 60 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT(x8):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** According to the postsurgical treatment guidelines, the patient's condition warrants the following: Postsurgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 4 months. The patient has already received 24 visits of physical therapy, 12 more than what is recommended. Additional PT(x8) is not medically necessary.

**Naproxen 550mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement with either physical therapy or naproxen. Naproxen 550mg #30 is not medically necessary.

**Enovarx-IBU Cream 10% 60G:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-112.

**Decision rationale:** Enovarx-IBU Cream 10% is a topical compounded containing ibuprofen. According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The compounded medication requested is not recommended by the MTUS; Enovarx-IBU Cream 10% 60G is not medically necessary.