

Case Number:	CM14-0217058		
Date Assigned:	01/06/2015	Date of Injury:	07/21/2013
Decision Date:	03/04/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 43 year old male with a reported industrial injury on July 21, 2013, when the injured worker was trying to get out of a truck and a coworker took a step off with his knowledge and he was falling back when he put his arms out to brace himself and tore his left triceps and also injured his back. The injured worker was seen on November 26, 2014, for follow-up visit with primary treating physician. The presenting complaints included left elbow pain which was worse, lumbar spine pain described as stiffness and weakness, the left elbow pain with stiffness, weakness and numbness. The physical exam revealed decreased strength in left elbow. The diagnostic studies have included X-rays, Magnetic resonance imaging (MRI) which revealed a triceps tear. The medical treatment is surgery to his left triceps on August 6, 2013, pain medication, and physical therapy 20 sessions with no improvement. Diagnoses are Sprain/strain of elbow/arm, Lesion of ulnar nerve and sprain/strain lumbar. The treatment plan is refill of Prilosec, Ibuprofen cream 10%, Cyclobenzaprine Cream and Vaseretic for high blood pressure. The patient has had EMG study on 9/23/14 that revealed bilateral CTS. The medication list includes Hydrocodone. The patient has had mild decreased sensation in left median nerve distribution. The patient's surgical history include left triceps repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen cream 10% 60gm: Upheld

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

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

Decision rationale: Request: Ibuprofen cream 10% 60gm According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Ibuprofen is a NSAID. Per the cited guidelines, "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The medical necessity of the request for Ibuprofen cream 10% 60gm is not fully established in this patient.