

Case Number:	CM15-0011426		
Date Assigned:	01/29/2015	Date of Injury:	07/10/2008
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 67-year-old male who reported an injury on 07/01/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, acupuncture, epidural steroid injections, and medications. The injured worker's diagnoses included lumbar spine spondylosis and lumbar spine spondylolisthesis. The injured worker was evaluated on 12/15/2014. Physical findings at that appointment included a moderate antalgic gait that favored the right lower extremity. The injured worker had restricted range of motion of the lumbar spine secondary to pain with decreased sensation to light touch on pinwheel in the right lower extremity. The injured worker had decreased reflexes in the right lower extremity and motor strength weakness in the right lower extremity with a positive right sided straight leg raising test. The injured worker's treatment plan included tramadol, omeprazole, and a topical compound of ibuprofen. It was noted that the injured worker had a liver condition and nonsteroidal anti-inflammatory drugs were contraindicative to the patient. The Request for Authorization dated 12/15/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 10% 60 grams apply thin layer twice per day #2 (prescribed 12/15/2014):

Upheld

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

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

Decision rationale: The requested Ibuprofen 10% 60 grams apply thin layer twice per day #2 (prescribed 12/15/2014) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of nonsteroidal anti-inflammatory drugs as a topical analgesic in the management of spine related pain. Although the clinical documentation indicates that nonsteroidal anti-inflammatory drugs in an oral formulation are contraindicative to the patient, the application of this medication to the spine would not be supported in this clinical situation. As such, the requested Ibuprofen 10% 60 grams apply thin layer twice per day #2 (prescribed 12/15/2014) is not medically necessary or appropriate.