

Case Number:	CM15-0012324		
Date Assigned:	01/29/2015	Date of Injury:	03/09/2008
Decision Date:	03/23/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 52 year old female sustained an industrial injury on 3/9/08 via cumulative trauma, with subsequent ongoing neck, low back, right knee, bilateral wrist and hand and right shoulder pain. X-rays of the cervical spine showed disc space narrowing and osteophytes. X-rays of the right shoulder showed a moderate sized distal clavicular resection without calcification or degenerative changes. X-rays of the left shoulder and bilateral wrists were negative for acute process. In a PR-2 dated 8/14/14, the injured worker complained of persistent low back pain, neck pain, right knee pain and bilateral wrist and hand pain. Physical exam was remarkable for tenderness to palpation in cervical spine and lumbar spine with decreased range of motion secondary to pain, right knee pain and a mild antalgic gait. Current diagnoses included cervicgia, right knee derangement and lumbar radiculitis. The treatment plan included refilling medications (Ambien, Norco, Prilosec and Motrin), continuing home exercise, a lumbar support brace and a recommendation for weight loss. On 12/31/14, Utilization Review noncertified a request for Enovarx- Ibuprofen citing CA MTUS Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx- Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 1-127,111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (Ibuprofen in topical forms). There is no documentation of failure of first line therapy for pain such as antiepileptic in this case. Therefore, EnovaRX-Ibuprofen is not medically necessary.