

<b>Case Number:</b>	CM15-0111365		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Arizona, 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 (IW) is a 53 year old female who sustained an industrial injury on 09/26/2012 the mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having cervical thoracic strain/arthrosis/discopathy with central and foraminal stenosis; right shoulder impingement syndrome with acromioclavicular joint arthrosis, partial thickness rotator cuff tear, possible intra-articular injury based on the mechanism; and lumbosacral strain/arthrosis/discopathy with foraminal stenosis. Treatment to date has included physical therapy and a home exercise program. Currently, the injured worker complains of ongoing neck and low back pain with intermittent symptoms to her upper and lower extremities. The weather change increases her pain. Objectively, there is tenderness to palpation of the cervical lumbar spine with positive Spurling's test bilaterally and positive foraminal compression test. In the lumbar spine, there is positive bilateral straight leg raise. There were no neurovascular deficits in upper or lower extremities. The worker walks with an antalgic gait and uses a cane for mobility. A MRI 03/25/2015 revealed L4-5 mild disc desiccation with a 3mm broad -based posterior disc bulge and mild spinal stenosis. There were also bilateral facet degenerative changes and ligamentum flavum hypertrophy. There are moderate left and mild to moderate right facet degenerative changes with grade I anterolisthesis of L5 over S1 with a 2mm broad based posterior disc bulge. There is no spinal stenosis. There is mild bilateral lateral recess narrowing. The Electromyogram/nerve conduction velocity studies of February 28, 2013 were consistent with a lumbar radiculopathy. A Cervical spine MRI of 01/06/2015 showed straightening of the cervical lordotic curvature secondary to muscle

spasm. There was an annular fissure and 2mm central posterior disk protrusion at Ce-C4 causing pressure over the anterior aspect of the thecal sac. There was central stenosis at C4-C5 secondary to a 3mm central posterior disk protrusion that caused pressure over the anterior aspect of the thecal sac. There was mild narrowing of the right neural foramen and moderately significant narrowing of the left neural foramen. There was mild degree of central stenosis at the C5-C6 level secondary to a 3 mm broad based posterior disk protrusion causing pressure over the anterior aspect of the thecal sac. There was moderately significant narrowing of both neural foramina. There was a 2mm central posterior disk protrusion at C7-T1 level causing pressure over the anterior aspect of the thecal sac with mild to moderate narrowing of the left neural foramen. Medications include Tramadol ER, cyclobenzaprine, and Ibuprofen cream. Treatment plan includes medication refills, continuing home exercises, and requesting a referral to a spine specialist. A request was submitted for Envoi Rx-Ibuprofen 10% cream 60gm with one (1) refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Envoi Rx-Ibuprofen 10% cream 60gm with one (1) refill:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Topical NSAIDs such as Envoi 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. In this case, the claimant had been on oral opioids. Topical NSAIDs have also been primarily been studied for osteoarthritis. The claimant did not have this diagnosis. The amount of topical Ibuprofen provided exceeded the 2 week effect period. The request for Envoi with 1 refill is not medically necessary.