

Case Number:	CM15-0115320		
Date Assigned:	06/23/2015	Date of Injury:	10/20/2003
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female, who sustained an industrial injury on 10/20/03. She reported pain in her neck and lower back. The injured worker was diagnosed as having cervical radiculitis and lumbar radiculitis. Treatment to date has included a home exercise program. Current medications include Diclofenac, Omeprazole, Synovacin, Alprazolam and Enovarx-ibuprofen 10%. As of the PR2 dated 4/27/15, the injured worker reports pain in her neck that radiated down the left arm and pain in the lower back that radiates down the right leg. She rates her pain a 5/10 with medications and a 9/10 without medications. Objective findings include limited cervical and lumbar range of motion and decreased sensation in the upper extremities and along L5-S1 dermatome in the right leg. The treating physician requested Enovarx ibuprofen 10% kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx ibuprofen 10% kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for EnovaRx ibuprofen kit, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested EnovaRx ibuprofen kit is not medically necessary.