

Case Number:	CM15-0121460		
Date Assigned:	07/02/2015	Date of Injury:	09/01/2010
Decision Date:	09/04/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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 York

Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 09/01/2010. She has reported subsequent neck, back, bilateral shoulder and upper extremity pain and was diagnosed with cervical, lumbar and left shoulder sprain, status post right shoulder surgery, lumbar disc degeneration on multiple sides and multilevel spondyloses at the cervical paravertebrals. Treatment to date has included medication, surgery and a home exercise program. Documentation shows that the injured worker was prescribed Ibuprofen for pain and inflammation as far back as 11/12/2014. In a progress note dated 04/29/2015, the injured worker complained of right shoulder pain radiating down the right elbow and wrist area, numbness in the right elbow and wrist and low back pain radiating to the right leg. Pain was rated as 3/10. Objective findings were notable for tightness and stiffness at the cervical paravertebrals, somewhat restricted range of motion of the neck, pain with abduction of the bilateral shoulders after 140 degrees, pain with heel and toe ambulation, tenderness of the cervical, thoracic and lumbar paravertebrals and positive straight leg raise on the right side from a sitting position at 45 degrees. It was noted that the injured worker had settled her case with open future medical care. There were no other specifics given with regard to work status. A request for authorization of Ibuprofen 800 mg #60 and Flur-Lido cream 20%, 120 grams was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAID's.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). As per CA MTUS guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. The documentation shows that the injured worker had been prescribed Ibuprofen as far back as 11/12/2014. The most recent progress notes show that the injured worker's pain was rated as 3- 4/10 and the injured worker reported minimal improvement with the use of medications. There was no documentation of an exacerbation of pain and the pain rating was unchanged from one visit to another. Medical necessity for the requested item has not been established. Therefore, the request for authorization of Ibuprofen is not medically necessary.

Flur-Lido Cream 20%, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The topical medication requested contains Lidocaine cream which is not approved for use. There is also no documentation of a failure of first line therapy. Therefore, the request for authorization of Flur-Lido cream 20%, 120 grams is not medically necessary.

