

Case Number:	CM15-0179841		
Date Assigned:	09/21/2015	Date of Injury:	11/27/2013
Decision Date:	10/26/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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 is a 58 year old male, who sustained an industrial injury on 11-27-13. The injured worker was diagnosed as having left shoulder arthroscopic rotator cuff repair and left shoulder arthroscopic subacromial decompression. Physical therapy notes (3-9-15- 8-19-15) indicated 6-8 out of 10 pain and swelling in the left shoulder. The physical exam (4-22-15 through 6-24-15) revealed increased left shoulder forward flexion 110-150 degrees, increased abduction 100-130 degrees and a positive impingement test. Treatment to date has included post- op physical therapy x 10 sessions, left shoulder arthroscopy on 9-11-14, Norco, Zofran, Enovarx Ibuprofen 10% cream (since at least 4-22-15) and Naproxen. As of the PR2 dated 7-15-15, the injured worker reports pain in the shoulder. He indicated the cream that he was given provides him with significant pain relief. Objective findings include left shoulder forward flexion 110 (active) -130(passive) degrees, abduction 100 (active)-130 (passive) degrees and a negative Hawkins and Neer test. The treating physician requested Enovarx Ibuprofen 10% cream (1 month supply) and Naproxen 500mg #60. The Utilization Review dated 8-11-15, non-certified the request for Enovarx Ibuprofen 10% cream (1 month supply) and Naproxen 500mg #60 and certified the request for Omeprazole 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx Ibuprofen 10% cream (1 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the 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. Enovarx is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant was on Enovarx along with NSAIDs for over 2 months. The continued and chronic use of Enovarx is not medically necessary.

Naproxen 500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months along with opioids. The claimant required PPIs while on Naproxen. Pain score trends with its use was not consistently noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.