

Case Number:	CM15-0077886		
Date Assigned:	04/29/2015	Date of Injury:	10/23/2013
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania
 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 45-year-old male who sustained an industrial injury on October 23, 2013. He has reported injury to the head, neck, right shoulder, mid-lower back, legs, and knees and has been diagnosed with probable posttraumatic headaches, cervicothoracic strain/arthrosis, right shoulder strain with impingement syndrome, possible carpal tunnel syndrome, lumbar spine herniated nucleus pulposus, L3-4 with bilateral lower extremity radiculopathy, and bilateral knee strain with patellofemoral syndrome. Treatment has included physical therapy, medical imaging, and injections. Currently the injured worker complains of headaches, neck pain, upper extremity pain, and low back pain. The treatment request included Enova Rx-ibuprofen 10% cream 60 gm with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Enova Rx-Ibuprofen 10% cream 60gm with 1 refill: Upheld

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

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

Decision rationale: Topical NSAID's are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. There is no indication for this medication for low back pain. Furthermore, there is no recommendation for the continued long-term use of this medication and there is no report of benefit from the medication in the medical record.