

Case Number:	CM15-0090079		
Date Assigned:	05/14/2015	Date of Injury:	09/20/2013
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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 60 year old male who sustained a work related injury September 20, 2013. Past history included hypertension. According to a primary treating physician's progress report, dated March 26, 2015, the injured worker presented complaining of pain in the left knee and ankle, defers any aggressive treatment and reports he is just here for a medication refill. Objective findings included tenderness to palpation in the medial aspect of the left knee and mild swelling in the left ankle. Diagnoses are documented as cervical thoracic strain/arthrosis with central foraminal stenosis; left elbow lateral epicondylitis; left wrist, ulnar sided pain; bilateral knee strain/arthrosis with possible meniscal tears; bilateral feet sprain/strain. Treatment recommendations included continue home exercises, and at issue, a request for authorization for Enova Rx Ibuprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

EnovaRx Ibuprofen 10% cream 60gm-apply a thin layer to affected area twice daily as needed with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs (non-steroidal anti-inflammatory drugs).

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 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. Enova contains 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 was not diagnosed with osteoarthritis. In addition, the amount of cream prescribed exceeded a short-term duration. The claimant had been on oral NSAIDs and currently required opioids for pain relief. Topical NSAIDs can have abortion similar to oral NSAIDs. The request for Enova with 1 refill is not medically necessary.