

Case Number:	CM15-0090191		
Date Assigned:	05/14/2015	Date of Injury:	03/25/2013
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
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: Massachusetts

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 44 year old male, who sustained an industrial injury on 03/25/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc degeneration, other chronic pain, lumbar facet arthropathy, post lumbar laminectomy syndrome, lumbar radiculopathy, status post laminectomy of lumbar four to five, severe stenosis, and lumbar four to five annular tear. Treatment and diagnostic studies to date has included status post lumbar epidural steroid injections to the bilateral lumbar four to five, status post lumbar spine fusion, cervical spine magnetic resonance imaging, status post laminectomy, medication regimen, magnetic resonance imaging of the lumbar spine, and physical therapy. In a progress note dated 03/25/2015 the treating physician reports complaints of sharp, low back pain that radiates to the left lower extremity with associated symptoms of numbness and tingling to the left lower extremity. The pain is rated a 7 out of 10 with medication regimen and a 9 out of 10 without medication regimen. The injured worker's current medication regimen included Gabapentin, EnovaRX- Ibuprofen 10% ointment, Naproxen Sodium, and Senna/Docusate. The treating physician noted that the injured worker has had a decrease in use of medications since lumbar epidural steroid injections in 2014. The physician also notes that the injured worker's medication regimen has assisted the injured worker. The progress note also indicated that the injured worker has had functional improvement with lumbar epidural steroid injections and therapy noting improved in mobility and improvement of activities of daily living such as brushing teeth, driving, and sleep. The injured worker also noted improvement in quality of life with therapy.

The examination revealed spasm to the bilateral paraspinal muscles, tenderness to the bilateral paravertebral muscles at lumbar four to sacral one, decreased range of motion to the lumbar spine with flexion and extension, increase in pain with bending, decreased sensitivity to touch along the lumbar four to five dermatome in the left lower extremity, decreased motor strength to the extensor and flexor muscles of the left lower extremity, and a positive straight leg raise for left radicular pain. The treating physician requested the medication of EnovaRX-Ibuprofen 10% ointment as previously prescribed noting that the injured worker has benefited from this medication regimen at the prescribed dose.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-112.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for chronic radiating back pain. When seen, he was having back pain radiating into the left lower extremity rated at 9/10 without medications and 7/10 with medications. Physical examination findings included lumbar spine muscle spasms with tenderness and decreased and painful range of motion. There was positive straight leg raising and decreased left lower extremity strength and sensation. Medications being prescribed also included oral Naprosyn. EnovaRx-Ibuprofen is compounded ibuprofen in a MicroDerm base. Compounded topical preparations of ibuprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. Additionally, the claimant is also taking the oral NSAID Naprosyn and prescribing another NSAID is duplicative. Therefore, the requested medication was not medically necessary.