

Case Number:	CM14-0132400		
Date Assigned:	08/22/2014	Date of Injury:	06/20/2014
Decision Date:	12/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old female with date of injury 6/20/2014. The mechanism of injury is stated as overuse injury. The patient has complained of neck pain, bilateral arm pain and lower back pain since the date of injury. She has been treated with physical therapy and medications. MRI of the cervical spine performed in 03/2014 revealed degenerative disc and joint disease. Objective: decreased and painful range of motion of the cervical spine, decreased and painful range of motion of the lumbar spine. Diagnoses: cervical spine sprain, lumbar spine sprain, cervical spine degenerative joint disease, lumbar spine degenerative joint disease. Treatment plan and request: Ibuprofen, Cyclo/Keto/Lido cream.

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 Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 59 year old female has complained of neck pain, bilateral arm pain and lower back pain since date of injury 6/20/2014. She has been treated with physical therapy and

medications to include ibuprofen for at least 4 weeks duration. The current request is for ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 weeks duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

Cyclo/Keto/Lido cream: Upheld

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

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

Decision rationale: This 59 year old female has complained of neck pain, bilateral arm pain and lower back pain since date of injury 6/20/2014. She has been treated with physical therapy and medications. The current request is for Cyclo/Keto/Lido cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Cyclo/Keto/Lido cream is not indicated as medically necessary.