

Case Number:	CM13-0019107		
Date Assigned:	10/11/2013	Date of Injury:	07/24/2009
Decision Date:	06/10/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 who was injured on 07/24/2009. Her right foot was caught and she fell onto a coworker's desk hard; accepted body parts: neck, back and left shoulder. Prior treatment history has included acupuncture treatments. The patient underwent a C6-7 fusion in 07/2011 and then revision surgery in 12/2012. She underwent a shoulder revision surgery in 01/2012. Diagnostic studies reviewed include MRI of the left shoulder performed on 09/14/2010 revealed arthritis and supraspinatus tendonitis and tiny surface tear. PR-2 dated 07/08/2013 documented the patient to have complaints of stiff neck and she was flared up and that she could hardly move her neck. Her pain is mostly on the right side of the neck. She denied any weakness in the arms or legs. Objective findings on exam revealed upon encouragement and relaxation, the patient had 50% normal range of motion of the neck. PR-2 dated 06/26/2013 documented the patient to have decreased tenderness throughout the cervical paraspinal muscles. She continued to have full range of motion of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID 10-20 DROPS TID PRN FOR THE LEFT SHOULDER, QTY: 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: According to the CA MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been known in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The effect appeared to diminish over time. The request is for 5 bottles which is outside the recommended efficacy; there is also no documentation of the other failed treatments. Therefore, the medical necessity for Pennsaid has not been established.