

Case Number:	CM13-0023450		
Date Assigned:	11/15/2013	Date of Injury:	07/28/2011
Decision Date:	01/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic neck, shoulder, and mid back pain reportedly associated with industrial injury of July 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; a normal brain MRI of November 20, 2013; attorney representation; transfer of care to and from various providers in various specialties; a 17% whole-person impairment rating; and the apparent imposition of permanent work restrictions. Per prior permanent and stationary report of August 27, 2012, it appears that the applicant's limitations have been accommodated by the employer. In a utilization review report of August 28, 2013, the claims administrator denied a request for Pennsaid, a topical diclofenac formulation. The applicant's attorney subsequently appealed, on September 12, 2013. An earlier note of June 27, 2013 is notable for comments that the applicant has had a recent flare-up in neck pain, low back pain, upper extremity pain, and headaches following motor vehicle accident of June 2013. The applicant's sleep is disturbed. The applicant is having heightened anxiety. The applicant has gastrointestinal intolerance to oral NSAIDs, it is stated, and is using a topical diclofenac medication. A 4-5/5 upper extremity strength is appreciated about the bilateral upper extremities with near-normal range of motion noted. An earlier note of June 25, 2013 is also notable for comments that the applicant has issues with intolerance to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Pennsaid solution for arm pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation ODG Pain, Pennsaid (diclofenac)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Pennsaid is a diclofenac topical solution. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, diclofenac or Voltaren is recommended in the treatment of arthritis in small joints which lend themselves toward topical application, including the ankles, elbows, feet, hands, knees, and wrists. In this case, while the applicant may not, strictly seem, carry a diagnosis of small joint arthritis for which topical diclofenac would be indicated, the applicant does have ongoing issues with intolerance to oral NSAIDs. The applicant has apparently developed gastrointestinal disturbance following prior usage of oral NSAIDs. She has seemingly responded favorably to introduction of topical Pennsaid (Voltaren) as evinced by her successful return to work. Thus, on balance, continuing topical Pennsaid (diclofenac) in the face of the applicant's issues with oral NSAID intolerance and her successful return to work is indicated. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.