

Case Number:	CM13-0025116		
Date Assigned:	11/20/2013	Date of Injury:	02/03/2003
Decision Date:	01/09/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty certificate in Pain Management, 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:

This is a female patient with a date of injury of February 3, 2003. A utilization review request dated September 9, 2013 recommends non-certification for Pennsaid. A report dated October 2, 2013 requests authorization for topical analgesics. The report states, "topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period." The report goes on to state that the indications include "osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: recommended for short-term use." The report continues, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." A progress report dated October 1, 2013 identifies subjective complaints stating "this 61-year-old female presents today for follow-up evaluation of cervical pain. Severity of condition is an 8 and 9 on a scale of 1 - 10 with 10 being the worst. Patient is experiencing back stiffness. Neck pain occurred as a result of a work injury. Condition has existed for an extended period of time." The note goes on to state that "she also presents for follow-up evaluation of shoulder pain." Active medications include Aspirin, Celebrex, Omeprazole, and Ranitidine. Objective examination identifies reduced strength in the left shoulder, no pain to palpation of the cervical spine, "ropey fibrotic banding and spasm bilateral, positive Spurling's maneuver left, positive maximal foraminal compression testing left and pain with Valsalva left." Diagnoses include cervical degenerative disc disease, cervical facet capsular tears, and adhesive capsulitis of the left shoulder. Treatment plan includes Celebrex, Flector Patch, Omeprazole, Pennsaid, and Ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% solution, 150mL, #1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - NSAIDS Page(s): 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - NSAIDS Page(s): 111, 112.

Decision rationale: Regarding the request for Pennsaid, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs receive significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Additionally, guidelines do not support the use of topical NSAIDs for treatment of spinal complaints or shoulder complaints. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of Pennsaid. Also, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred. In fact, the patient is receiving numerous anti-inflammatory medications (Celebrex, Aspirin, Flector, and Pennsaid) as well as a proton pump inhibitor and an H2 blocker (presumably for the treatment of gastritis complaints as a result of the numerous NSAIDs). Finally, it appears the Pennsaid is being prescribed for chronic use for the treatment of neck and shoulder complaints. Guidelines clearly recommend against this use of topical NSAIDs. As such, the currently requested Pennsaid is not medically necessary.