

Case Number:	CM13-0025864		
Date Assigned:	04/02/2014	Date of Injury:	01/30/2007
Decision Date:	05/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/18/2013

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 and 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 injured worker is a 43-year-old male who reported an injury on 01/30/2007. The mechanism of injury was not provided. The medication history included Pennsaid as of early 2013. The documentation of 08/02/2013 revealed the injured worker had right shoulder pain times 2.5 weeks. The inspection of the right elbow revealed swelling and more swelling on the right elbow than left elbow. The injured worker had tenderness to palpation over the lateral epicondyle and the Tinel's sign was positive on the right elbow. The left elbow examination revealed tenderness to palpation over the lateral epicondyle. The Phalen's sign and Tinel's sign were positive. Diagnoses included extremity pain and hand pain. The treatment plan included Pennsaid for topical pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID TOPICAL SOLUTION 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, DICLOFENAC SODIUM

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

Decision rationale: California MTUS Guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown 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. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since early 2013. There was lack of documentation indicating the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the injured worker had tendonitis or osteoarthritis to support the use of the medication. The request as submitted failed to indicate the quantity that was being request and the frequency for the medication. The request for Pennsaid topical 5% is not medically necessary and appropriate.

SOMA 350MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. Additionally, the request as submitted failed to include the frequency. The request for Soma 350mg, #120 is not medically necessary and appropriate.