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| Case Number: | CM13-0032684 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 02/11/2008 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/08/2013 |

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 Emergency Medicine, and is licensed to practice in Texas. 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 patient is a 64 year old male who reported a work-related injury on 2/11/08; he was vacuuming and fell, injuring his left shoulder. According to the clinical note dated 11/7/13, the patient complained of lower backache and left shoulder pain, which the patient stated had decreased since last visit. Medications used for managing the patient's chronic pain included Flexeril 5mg, 1 at bedtime as needed for pain; Celebrex 200mg, 1 twice a day as needed for pain; Pennsaid 1.5% solution, 40 drops to affected region four times daily; and Cimetidine 400mg, 1 twice daily as needed. During the exam, the patient appeared to be calm and in mild pain. Examination to the left shoulder joint revealed no swelling, deformity, joint asymmetry, or atrophy. Movement was restricted with flexion limited to 180 degrees and abduction limited to 180 degrees. Hawkins test was positive, Neer's test was positive, and empty can test was negative. On palpation, tenderness was noted in the subdeltoid bursa.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for one bottle of Pennsaid 1.5% solution: Upheld

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

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

Decision rationale: The requested medication is a nonsteroidal anti-inflammatory drug (NSAID) used for treating the pain of osteoarthritis of the knees. The California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation provided revealed the patient's routine medications are managing his pain effectively. However, the patient is noted to have been utilizing this medication for longer than the recommended 4-12 weeks. Also, the documentation failed to provide evidence of objective functional improvement as a result of this medication to support continuation. Also, the guidelines do not recommend topical NSAIDs for the shoulder area. Therefore, the request is non-certified.