

Case Number:	CM13-0042670		
Date Assigned:	12/27/2013	Date of Injury:	05/30/1996
Decision Date:	06/11/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 05/02/1996. The mechanism of injury was not specifically stated. Current diagnoses include cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, status post cervical spine fusion, lumbar facet arthropathy, lumbar radiculopathy, chronic pain, and left plantar fasciitis. The injured worker was evaluated on 12/20/2013. The injured worker reported 5/10 pain with medication. Physical examination revealed moderate to severe distress, spasm in the paraspinal musculature, limited lumbar range of motion, and tenderness to palpation in the right hip. Treatment recommendations at that time included continuation of current medication including Pennsaid 1.5% solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID 1.5% SOLUTION #3 FOR LOW BACK PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain.

In cases of chronic pain, NSAIDs are recommended as an option for short-term symptomatic relief. The Official Disability Guidelines state Pennsaid is not recommended as a first line treatment. As per the documentation submitted, the injured worker has utilized Pennsaid 1.5% solution since 07/2013. There is no evidence of objective functional improvement. The injured worker continues to report persistent pain. Physical examination continues to reveal severely limited range of motion with tenderness to palpation and spasm. Based on the clinical information received, the request for Pennsaid 1.5% solution #3 for low back pain is not medically necessary and appropriate.