

Case Number:	CM13-0060832		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2009
Decision Date:	05/19/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery, 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 patient is a 32-year-old male with a 12/15/09 date of injury. His subjective complaints include back pain, stiffness, and radicular pain in the legs, numbness and tingling in the arms, neck and shoulder pain, and objective findings include right shoulder flexion 90, abduction 160, ER 60, IR 25 degrees, tenderness to palpation in the anterior joint space and the deltoid insertion point, and positive impingement sign. The patient's current diagnoses include bilateral shoulder pathology consistent with impingement syndrome with significant history of fracture of humeral head of the right shoulder and labrum tear and rotator cuff tear, and treatment to date has been medications, including ongoing use of Celebrex, Pennsaid, Norco, and Pristiq; HEP; and ESI. An 11/4/13 medical report identifies a request for Pennsaid 1.5% solution for the right shoulder. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, an intention of short-term use, and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID 1.5 PERCENT SOLUTION 150ML #1, WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NON STEROIDAL ANTI-INFLAMMMATORY AGENT, 111-112

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. The Official Disability Guidelines identify documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of topical Diclofenac. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder pathology consistent with impingement syndrome with significant history of fracture of humeral head of the right shoulder and labrum tear and rotator cuff tear. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, an intention of short-term use, and failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Pennsaid is not medically necessary.