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| <b>Case Number:</b>   | CM13-0064239 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 10/23/2001 |
| <b>Decision Date:</b> | 05/12/2014   | <b>UR Denial Date:</b>       | 11/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/11/2013 |

### 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 Illinois. 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 42-year-old female who reported an injury on 10/23/2001 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to her low back and neck. The injured worker was evaluated on 10/16/2013. It was noted that the injured worker complained of consistent pain complaints to her upper back, middle back, arms, neck, and low back. Physical findings included tenderness to palpation in the paracervical musculature and spinous process. It was documented that the injured worker had decreased sensation in the upper extremities bilaterally, restricted range of motion of the cervical spine, and positive pain with facet loading maneuvers. The injured worker's medications included Zanaflex, Xanax, Sprix, Restoril, Pepcid, Pennsaid, Norco, Morphine Sulfate, Gabapentin, and Aspirin. The injured worker's diagnoses included spondylosis of the cervical spine without myelopathy, cervical radiculopathy, facet arthropathy, myalgia and myositis, chronic pain, and occipital neuralgia. The injured worker's treatment plan included continuation of medications, electrodiagnostic study, and follow-up evaluation for medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENNSAID 1.5% #1 W/ 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the use of topical nonsteroidal anti-inflammatory drugs when oral formulations are contraindicated or not tolerated by the injured worker. The clinical documentation submitted for review does indicate that the injured worker has a history of peptic ulcer disease. However, the injured worker's medications include a gastrointestinal protectant. Therefore, it is unclear why the injured worker cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. Additionally, California Medical Treatment Utilization Schedule does not recommend the long-term use of topical formulations of nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review indicates that the injured worker has been using this medication since at least 05/2013. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not specifically identify a body part or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Pennsaid 1.5% #1 with 1 refill is not medically necessary or appropriate.