

<b>Case Number:</b>	CM14-0003219		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 47 year old female with a date of injury of 12/1/03. The injured worker complained of posterior neck pain and bilateral arm pain rated at 5/10. The injured worker also complained of cervical, thoracic, and lumbar spine tenderness. According to the clinical note dated 1/21/14, the injured worker denied any issues with constipation. The injured worker's diagnoses included cervical degenerative disc disease, cervical radiculopathy, thoracic degenerative disc disease, fibromyalgia, and depression. The injured worker's medication regimen included Cymbalta, valium, ibuprofen, and Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF DDS 100MG #270: 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, OPIOIDS, 77

**Decision rationale:** The California MTUS guidelines indicate that prophylactic treatment of constipation should be initiated for injured workers using opioids. According to the clinical notes

dated 11/22/13 and 1/21/14, the injured worker denied constipation issues. There is no documentation of opioid use. As such, the request is not medically necessary.

**PRESCRIPTION OF PENNSAID #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**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, TOPICAL ANALGESICS, 111

**Decision rationale:** The California MTUS guidelines recommend diclofenac for the relief of osteoarthritis pain in joints. Guidelines indicate that diclofenac in a 1% gel formulation may be used for relief of osteoarthritis pain in joints. The maximum dose should not exceed 21 grams per day. Pennsaid is a topical non-steroidal anti-inflammatory drug containing 2% diclofenac sodium. The guidelines state that diclofenac has not been evaluated for treatment of the spine, hip, or shoulder. According to the documentation provided the injured worker's pain was in the cervical spine, thoracic spine, and lumbar spine. As the request does not conform to MTUS guidelines, it is not not medically necessary.