

Case Number:	CM14-0006121		
Date Assigned:	03/03/2014	Date of Injury:	09/05/1989
Decision Date:	10/28/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

81y/o female injured worker with date of injury 9/5/89 with related neck, back and shoulder pain. Per progress report dated 6/16/14, she rated her pain 5.5-7.5/10 with medications and 8.5-10/10 with medication. She reported numbness in the back of the thighs, legs to the mid calf. She was status post shoulder surgery 12/12/12. MRI dated 7/5/14 revealed degenerative changes in the lumbar spine, right neural foraminal narrowing at the L3-L4 level, mild spinal canal stenosis and mild narrowing of both lateral recesses at the L2-L3 level, and mild narrowing of the left lateral recess at the L1-L2 level. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 12/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid ointment 5-10 drops to neck and shoulder bid-tid #6 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Pennsaid is diclofenac topical solution and topical DMSO. With regard to topical diclofenac sodium, the MTUS states: "Indicated for relief of osteoarthritis pain in joints

that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder."As the MTUS does not endorse the requested treatment for the neck and shoulder, the request is not medically necessary.