

<b>Case Number:</b>	CM14-0014077		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational 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:

The patient is a 49-year-old female with a 7/22/11 date of injury. The 12/18/13 progress report indicates persistent and increased pain with poor quality of sleep. Physical exam demonstrates slowed gait, restricted cervical ROM, cervical tenderness and tightness, left rhomboid tenderness, restricted lumbar ROM, lumbar tenderness, and tenderness over the dorsal aspect of the wrist. Treatment to date has included a TENS unit, medication and activity modification. There is documentation of a previous 1/2/14 adverse determination for lack of failure of first-line analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENNSAID:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pennsaid.

**Decision rationale:** The Official Disability Guidelines (ODG) states that Pennsaid (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide) is a FDA-approved for osteoarthritis

of the knee. However, ODG then goes on to state that Pennsaid is not recommended as a first-line treatment; topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. However, in this case, there remains no evidence of failure of oral medication. There is no imaging evidence of advanced osteoarthritis to corroborate arthritic etiology of the patient's complaints. There is no assessment of response to previous Pennsaid therapy. A specific dosage and frequency was not requested. Therefore, the request for pennsaid is not medically necessary and appropriate.