

Case Number:	CM14-0150488		
Date Assigned:	09/26/2014	Date of Injury:	04/13/2003
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 & 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 62-year-old female who reported an injury on 04/13/2003. Reportedly while walking in a restaurant, she was going some stairs carrying a pan of flour in her hands. She put the pan in her left hand and reached backward with the right hand to turn off the light and missed a step with the left foot and fell forward. She struck a refrigerator with the left shoulder and had a slight glancing blow to her left side of her head. The injured worker's treatment history included surgery, x-rays, physical therapy, chiropractic treatment, MRI studies, topical medications, and oral medications. The injured worker was evaluated on 07/15/2014 and it was documented the injured worker complained of right shoulder pain, right arm pain, swelling, stiffness, and decreased range of motion. Objective findings; revealed there was bilateral knee tenderness, right greater than left, particularly in the superior portion of the right knee. McMurray and Lachman's test are negative bilaterally. Abduction of the right shoulder was 120 degrees, extension was 10 degrees, and flexion was 100 degrees. Abduction of the left shoulder was 60 degrees, extension was 10 degrees, and flexion was 45 degrees in the left shoulder. There was bilateral rotator cuff tenderness. There was paracervical tenderness from C2 to C7-T1. There was parathoracic tenderness from T1 to T12-L1. There was paralumbar tenderness from L1 to L5-S1. There was bilateral sacroiliac and trochanteric tenderness. There was lower thoracic and lumbar spasm present. There was left cervical spasm. Diagnoses included diabetic mellitus type 2, chronic intractable right knee pain, chronic left knee pain, chronic left shoulder pain, chronic right shoulder pain, chronic cervical pain with cervical spinal stenosis, chronic thoracic myofascial pain, chronic lumbar back pain, morbid obesity, status post dysmenorrhea, status post GI related chest pain, and status post cholecystectomy. Request for Authorization, dated 07/10/2014, was Pennsaid 2% solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Pennsaid 2% solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

Decision rationale: The request for 1 Pennsaid 2 % solution is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states that Pennsaid is indicated for the relief of osteoarthritis pain in joints that lend themselves topical treatment to include ankle, elbow, foot, hand, knee and wrist. The guidelines state Pennsaid has not been evaluated for the treatment of the spine, hip or shoulder. The use of Pennsaid is not to be a first line therapy, but only after a failure of oral NSAIDs. There was no indication that the injured worker has failed use of NSAIDs or has any contraindication to the use of oral NSAIDs. Furthermore, there are no studies which support long term use of this medication. As such, the request for 1 prescription of Pennsaid 2% solution is not medically necessary.