

<b>Case Number:</b>	CM14-0155909		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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 records presented for review indicate that this 33-year-old gentleman was reportedly injured on December 15, 2009. The most recent progress note, dated September 5, 2014, indicates that there are ongoing complaints of neck and low back pain as well as numbness in the bilateral arms and legs. There was also a complaint of shoulder pain. Pain is rated at 8/10. Current medications were stated to include ibuprofen, Pristiq, Celebrex, Norco, and Pennsaid. Prior treatment has included epidural steroid injections and right shoulder surgery in 2011 for a rotator cuff tear and impingement. The physical examination revealed general decreased muscle strength of the right lower extremity rated at 3/5. There was decreased range of motion of the right shoulder and tenderness at the anterior joint space and deltoid insertion. There was a positive impingement sign. A neurological examination revealed decreased sensation at the L4, L5, and S1 dermatomes on the right. There was a decreased patellar and Achilles reflex on the right rated at 1/4. Examination of the cervical spine revealed tenderness of the facets from C2 through C5 and a negative Spurling's test. Diagnostic imaging studies of the shoulder reveals a labral tear and a grade 3/2 great for chondral defect of the humeral head. A request had been made for Pennsaid solution and Norco which was not certified in the pre-authorization process on September 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive prescription for Pennsaid 1.5% solution 150ml quantity #1 with 3 refills:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Pennsaid

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** Pennsaid is a topical anti-inflammatory medication. According to the California Chronic Pain Medical Treatment Guidelines the use of topical anti-inflammatory medications is only indicated for individuals who are unable to tolerate oral administration of NSAIDs or for whom they are contraindicated. The most recent progress note dated September 5, 2014, does not indicate that the injured employee is unable to take anti-inflammatories orally. Additionally, the guidelines do not recommend topical anti-inflammatories for treatment of the spine, hips, or shoulders. The injured employee has physical complaints regarding the neck, back, and shoulders. For these multiple reasons, this request for Pennsaid is not medically necessary.

**Retroactive prescription for Norco 10-325mg quantity #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88, 91 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, opioid medications such as Norco are indicated for the management of moderate to severe breakthrough pain. Continued usage of this medication should be justified by an objective decrease in pain as well as increased ability to function and perform activities of daily living. The most recent progress note which prescribes this medication, dated September 5, 2014, does not indicate that the injured employee has experienced decreased pain and increased ability to function with the usage of this medication. As such, this request for Norco 10/325 is not medically necessary.