

Case Number:	CM14-0157827		
Date Assigned:	10/01/2014	Date of Injury:	01/12/2002
Decision Date:	10/28/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/26/2014

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:

Injured worker is a female with date of injury 1/12/2002. Per primary treating physician's progress report dated 9/9/2014, the injured worker has not been working. She has not injured herself again. She has not been in therapy. She has been doing her home exercise program. She has been taking her medications. She notes that she feels the same. She has pain in the left shoulder and lower back. She continues to have difficulty with sitting because of pain. On examination there is moderate to severe tenderness noted about the lower back and buttocks. There is pain about the left sacroiliac joint. Range of motion of the left shoulder is three quarters of normal. No gross crepitation is noted. There is tenderness anteriorly. Diagnoses include 1) chronic lower back pain with degenerative disc disease and facet arthritis L4-5 and L5-S1 2) postop left shoulder surgery with chronic left shoulder pain status post subacromial decompression, Mumford procedure, and repair Os Acromiale status post repeat surgery with subacromial decompression and removal of the metal 3) numbness and tingling left upper extremity 4) Mild right carpal tunnel syndrome clinically asymptomatic 5) left sacroiliac joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% topical solution 6oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 111, 112.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for four to twelve weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments. The medical reports do not explain why this medication has been chosen for the injured worker. The injured worker is already taking other pain medications, and there is no indication that her pain is not adequately treated, requiring an additional medication, or that this medication is replacing one of the previously used medications. There is also no discussion of intolerance to NSAID medications. This injured worker has been injured for over 12 years, and there is it is reported that she has not changed clinically with no new injuries reported. Therefore, the request for Pennsaid 2% topical solution 6oz is not medically necessary and appropriate.