

Case Number:	CM14-0161554		
Date Assigned:	10/07/2014	Date of Injury:	03/08/2011
Decision Date:	12/31/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in 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:

This is an injured worker with a date of injury of 3/8/11. A utilization review determination dated 9/26/14 recommends non-certification of Pennsaid and Arthrotec. Medical report dated 8/27/14 identifies right shoulder and hand pain, unchanged. Activity level has decreased. 8 acupuncture and 6 physical therapy sessions were very helpful. On exam, there is tenderness, limited ROM, positive Hawkins' and Neer's tests, Arthrotec reduce inflammation and Pennsaid reduces pain from 4/10 to 3/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5 Percent Solution for the Cervical Spine, Right Wrist/Shoulder: Upheld

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

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

Decision rationale: Regarding the request for Pennsaid, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip

or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of a topical medication rather than the oral form for this injured worker. In light of the above issues, the requested Pennsaid is not medically necessary.

Arthrotec 50-.2 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Arthrotec, Chronic Pain Medical Treatment Guidelines state that it is indicated for the "treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications." Within the documentation available for review, there is no indication that the medication is providing any specific analgesic or functional benefits, as pain relief is noted to be only one point on the VAS scale and there is no specific indication of functional improvement. Furthermore, there is no documentation of a high risk for developing NSAID-induced gastric or duodenal ulcers. In the absence of such documentation, the currently requested Arthrotec is not medically necessary.