

Case Number:	CM14-0161920		
Date Assigned:	10/07/2014	Date of Injury:	05/07/2012
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work related injury on May 7, 2012. Subsequently, she developed chronic neck and shoulder pain. According to a progress report dated September 3, 2014, the patient reported chronic neck pain, frequent headaches, pain in the left sternoclavicular joint, which she described as a palpable lump. She reported persisting pain and numbness and tingling in both hands. She stated the medications are very helpful and she reported 50% reduction in her pain and 50% functional improvement with the medications. She underwent an updated MRI of her cervical spine, performed on August 22, 2014, which showed multilevel degenerative disc disease, facet arthrosis. Her physical examination showed tenderness with reduced range of motion of the cervical and left shoulder. Valsalva and Hoffmann signs are negative. Motor strength, sensation, and deep tendon reflexes are grossly intact in the upper extremities. Positive impingement sign with full range of motion of the right shoulder. Prior treatments have included medications (Norco, Lyrica, Cymbalta, Pennsaid solution, Omeprazole), cognitive behavioral therapy, and massage therapy. The patient was diagnosed with cervical degenerative joint disease, shoulder bursitis, post traumatic stress disorder, depressive disorder, and pain disorder. The provider requested authorization for Pennsaid solution 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid solution 2%, 121mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded; Topical NSAIDs.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. There is no evidence of efficacy of Pennsaid for the treatment of the cervical and shoulder pain. In addition, there is no evidence of long term benefit of topical NSAID. Based on the above, the prescription of Pennsaid for long term is not recommended. Based on the above, Pennsaid 2% is not medically necessary.