

Case Number:	CM14-0022720		
Date Assigned:	06/11/2014	Date of Injury:	03/12/2009
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 Texas. 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 47 year old female who reported an injury on 03/12/2009. The mechanism of injury was not noted in the documentation submitted for the review. The injured worker complained of pain to the left and right shoulder, left hip and buttock. Upon physical exam of the left shoulder the injured worker had forward flexion and abduction at 160 degrees each, external and internal rotation are 60 degrees each, strength was 4/5 in forward flexion and 5/5 in external and internal rotation. The injured worker's diagnosis include left-sided headache probably cervicogenic, cervicgia with myofacial pain, multilevel cervical and lumbar disc protrusion, left shoulder impingement, left upper extremity and S1 radicular pain and lumbar facet pain. The injured worker underwent left shoulder arthroscopy with subacromial decompression on 02/15/2014, participated in physical therapy and had a trigger point injection performed in the region of the left tensor fascia lata for the left hip buttock pain. The injured worker's medications include Ultram 50mg and Skelaxin 800mg. The injured worker was to continue with the current medications, physical therapy and home exercise program. The request for authorization form dated 02/06/2014 was included with the documentation, the rationale was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF PENNSAID DROPS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111 - 112.

Decision rationale: The request for trial of Pennsaid drops is non-certified. The injured worker has a history of chronic pain to the left shoulder and hip, buttocks and low back. The documentation provided noted the injured worker underwent left shoulder arthroscopy with subacromial decompression on 02/15/2014, had trigger point injection performed in the region of the left tensor fascia lata for the left hip buttock pain, takes Ultram one to four times per week, uses Skelaxin occasionally and continues to use ice & Bengay for pain. The California MTUS states for topical non-steroidal ant inflammatory drugs that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. For osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment these are 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. For neuropathic pain it is not recommended as there is no evidence to support use. There is no supporting documentation to indicate the medication was prescribed for osteoarthritis or tendinitis. There is also no quantity, frequency and location to be applied noted in the documentation. Based on the above noted, the request is not medically necessary.