

Case Number:	CM14-0026503		
Date Assigned:	06/13/2014	Date of Injury:	06/16/2011
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 & 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 injured worker is a 59-year-old male who reported an injury on 06/16/2011. The specific mechanism of injury was not provided. The documentation of 02/10/2014 revealed the injured worker had previously trialed physical therapy, home exercises, acupuncture, and massage therapy. The documentation indicated that the injured worker would start Pennsaid 1.5% at 4 times a day, 2 bottles, and that the medications Butrans patch 10 mcg per hour and gabapentin 300 mg by mouth 3 times a day would be refilled. The treatment plan additionally included a request for a bilateral L5-S1 transforaminal epidural steroid injection. The diagnoses included degeneration of the lumbar/lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID 1.5% QID QTY: 2 BOTTLES: Upheld

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

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

Decision rationale: The California MTUS indicates that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety.

Indications: 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). Given the above, the request for Pennsaid 1.5% at 4 times a day, quantity 2 bottles is not medically necessary.