

<b>Case Number:</b>	CM14-0027731		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 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 patient is a 55 year-old male with an industrial injury dated 3/8/11. The treating physician reports indicate that the patient presents with bilateral wrist region arthralgia, neuropathic pain, carpal tunnel syndrome, chronic cervicalgia, bilateral shoulder arthralgia and neuropathic pain and dependence on Nonsteroidal Anti-Inflammatory Drugs medications Arthrotec as well as Pennsaid solution. Treating physician report dated 2/12/14 documents restricted cervical, wrist and shoulder range of movements and notes acupuncture therapy is providing significant relief. The patient has been deemed Permanent and Stationary Prior treatment history includes acupuncture for the trigger finger, use of an H-Wave twice daily for wrist pain. MRI findings of the right shoulder dated 3/28/13 reveal Supraspinatus and infraspinatus tendinosis. The current diagnoses are: 1. Rotator cuff dis nec 2. Cervical Radiculopathy 3. Carpal Tunnel Syndrome 4. Shoulder Pain 5. Wrist Pain The Utilization Review (UR) report dated 3/3/14 denied the request for Arthrotec 50-0.2 Mg#60 based on the analysis that there is no acute pain or exacerbation of pain or breakthrough pain. Guidelines and standard of practice do not support ongoing chronic use of Nonsteroidal Anti-Inflammatory Drugs because the propensity for gastrointestinal and cardiovascular side effects increases significantly, potentially fatal side effects such as gastrointestinal bleed may occur. Finally, with chronic usage effectivity is not proven on evidence-based studies. Lowest possible dose should be prescribed for the shortest possible time in acute pain. The injured worker does not have acute pain. As such, the medical necessity for this request cannot be established at this time. Therefore, Arthrotec 50-0.2 Mg#60 is not medically necessary. The UR report dated 3/3/14 additionally denied the request for Pennsaid 1/5% Solution. Again the analysis was that the use of this topical preparation reduces the pain score from 4/10 to 3/10, which is at its best 25% pain relief. Additionally, there is no gastrointestinal disease or gastrointestinal side effects to the oral medications, which are

apparently well tolerated. The guidelines do not support the role of topical analgesic preparations. As such, the medical necessity for this request cannot be established at this time. Therefore, Pennsaid 1.5% Solution is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pennsaid 1.5 % solution #100 ml:** Upheld

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

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

**Decision rationale:** The patient presents with bilateral wrist region arthralgia, neuropathic pain, carpal tunnel syndrome, chronic cervicalgia, bilateral shoulder arthralgia and neuropathic pain and dependence on Nonsteroidal Anti-Inflammatory Drugs medications Arthrotec as well as Pennsaid solution. The current request is for Pennsaid 1.5 % solution #100 ML. Pennsaid contains diclofenac sodium in topical solution which is an NSAID. The MTUS guidelines support the usage of NSAID topical analgesics for the treatment of peripheral joint arthritic and tendonitis pain. In this case the patient has been diagnosed with peripheral joint pain and MTUS supports topical NSAID treatment for this condition. The request is medically necessary.

**Arthrotec 50-0.2 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, NSAIDs Page(s): 60-61; 12, 67-68, 72.

**Decision rationale:** The patient presents with bilateral wrist region arthralgia, neuropathic pain, carpal tunnel syndrome, chronic cervicalgia, bilateral shoulder arthralgia and neuropathic pain. The current request is for Arthrotec (an NSAID) 50-0.2 MG #60. The medical evidence provided does not indicate when the patient began using Arthrotec nor is it known how long the patient has been taking this medication. The MTUS Chronic Pain Medical Treatment Guidelines state use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. In this case the treating physician report dated 1/15/14 states, "The patient is taking her medications as prescribed. She states that medications are working well. She uses Arthrotec and reports it reduces inflammation." There is no documentation of any side effects from the usage of Arthrotec. The request is medically necessary.

