

Case Number:	CM14-0032200		
Date Assigned:	06/20/2014	Date of Injury:	02/04/2011
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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 Emergency Medicine and is licensed to practice in New York. 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 61-year-old male who was injured on February 4, 2011. The patient continued to experience low back pain. Physical examination was notable for decreased range of motion to the cervical spine, paravertebral muscle tenderness in the cervical, thoracic, and lumbar spines, decreased deep tendon reflexes, normal sensation, and normal motor strength. Diagnoses included post-lumbar laminectomy syndrome, lumbar spinal degenerative disc disease. Treatment included medications, physical therapy, chiropractic therapy, and TENS unit. Request for authorization for Pennsaid gel 1.5% solution # 100 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% Solution apply 20 drops to affected area, TID #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac.

Decision rationale: Pennsaid gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of

osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case the patient has been using it for treatment of the spine. There is no information available on efficacy or safety of the medication for treatment of spine. The request should not be authorized.