

Case Number:	CM14-0034884		
Date Assigned:	06/20/2014	Date of Injury:	08/20/1997
Decision Date:	09/30/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 65-year-old male with an 8/20/97 date of injury, when he fell from a distance of 5 ft. and injured his back, elbows, knees and legs. The patient underwent left lumbar hemilaminectomy and discectomy in 2004. The progress report dated 7/20/12 stated that the patient was taking Zanaflex Hcl 4 mg #30 for muscle spasms. The progress note dated 3/4/14 stated that the patient used Flexeril intermittently as needed and only at time of flare-ups and that Flexeril decreased intensity, severity and frequency of his muscle spasms and improved his function dramatically. The patient was seen on 5/20/14 with complaints of persistent severe back pain aggravated by prolonged standing and walking and alleviated by the use of ice, heat and medications. The patient had no side effects from the medication and got functional improvement along with reduction in his pain. Exam findings revealed normal gait, normal muscle tone without atrophy in all extremities and 5/5 motor strength in the bilateral upper and lower extremities. The physical examination revealed lumbar spine spasm, intact sensation to light touch and pinprick to the lower extremities bilaterally and negative straight leg raising test. The examination of the knees revealed joint line tenderness with no effusion, abrasion or erythema. The patient was taking Pennsaid 1.5% solution every 8 hours, Pennsaid 1.5% 15 ml topical and Flexeril 7.5mg #90. The diagnosis is multilevel lumbar disc degenerative disease, spinal stenosis, sciatic neuralgia and chronic pain syndrome. Treatment to date: physical therapy, chiropractic treatment, acupuncture and medications. An adverse determination was received on 2/25/14. The request for Flexeril 7.5mg #90 was denied because the patient was using this muscle relaxant since 8/27/13 and exceeded the recommended time period usage due to the guidelines. The request for Pennsaid 1.5% #1 was denied because the previous request for this medication was approved and the patient had an appropriate supply of Pennsaid and additional certification was redundant.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Pennsaid 1.5% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pennsaid.

Decision rationale: CA MTUS does not address this issue. ODG states that Pennsaid (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide) is FDA-approved for osteoarthritis of the knee. However, ODG then goes on to state that Pennsaid is not recommended as a first-line treatment; topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. There is a lack of documentation that the patient tried and failed oral NSAIDs. In addition, the progress note dated 5/20/14 stated that the patient was using Pennsaid, however there is a lack of documentation indicating objective functional gains with the previous treatment. Therefore, the request for Pennsaid 1.5% #1 is not medically necessary.