

<b>Case Number:</b>	CM14-0052196		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/11/2001
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, forearm, and bilateral shoulder pain reportedly associated with an industrial injury of May 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical applications of heat and cold; opioid therapy; adjuvant medications; topical agents; and extensive periods off work. In a utilization review report dated April 7, 2014, the claims administrator denied a request for topical Pennsaid. The claims administrator suggested that the applicant was not working. The applicant' attorney subsequently appealed. A March 21, 2014, progress note was notable for comments that the applicant reported persistent complaints of 9/10 shoulder pain. The applicant was status post recent shoulder corticosteroid injection therapy and recent chiropractic manipulative therapy, which was also noted. Lidoderm, Neurontin, Mobic, Amitiza, ConZip, and Pennsaid were renewed. The applicant was placed off work, on total temporary disability. It was implied that these were renewal prescriptions. On May 30, 2014, the applicant was again placed off work, on total temporary disability, while ConZip and tramadol were renewed. On January 31, 2014, the applicant was again placed off work, on total temporary disability, while prescriptions for Lidoderm, Neurontin, Mobic, and Amitiza were endorsed. On this progress note, as with many other progress notes, the attending provider did not clearly state whether each of the medications represent renewal prescriptions or de novo prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid TD 1.5% solution, 300ml bottle #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines - Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS page 112, Topical Voltaren/Diclofenac Section.2. MTUS page 7.3. MTUS 9792.20(f) Page(s): 112,7.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren is indicated only in the treatment of small joint arthritis which lends itself toward topical application, such as, for instance, the hands, elbows, feet, ankles, wrists, knees, etc. In this case, however, the applicant's primary pain generators are the cervical spine and shoulder. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines further states that topical Voltaren/diclofenac has not been evaluated in the treatment of the spine or shoulder, the primary pain generators here. It is further noted that the applicant appears to have received topical Pennsaid despite the unfavorable MTUS recommendation and as, moreover, failed to affect any lasting benefit or functional improvement as defined in MTUS 9792.20(f) despite prior usage of the same. The applicant remains off work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including injection therapy, opioid therapy, manipulative therapy, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20(f) despite prior usage of Pennsaid. Therefore, the request is not medically necessary.