

<b>Case Number:</b>	CM14-0054198		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Nevada. 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 records, presented for review, indicate that this 69-year-old individual was reportedly injured on February 13, 2001. The mechanism of injury was noted as a repetitive work type situation. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of neck pain, bilateral upper extremity pain and left shoulder pain. The physical examination demonstrated a 5'5", 154 pound individual to be normotensive (128/64). The injured worker was well groomed, well-nourished, well-developed and does not appear to be in any acute distress. The gait pattern was described as antalgic. A decrease in cervical spine range of motion was noted. There was no spinal process tenderness appreciated. A decrease in lumbar spine range of motion was noted with tenderness to palpation. There was no sensory or motor function loss identified. Diagnostic imaging studies were not presented for review. Previous treatment included TENS unit, multiple medications, and pain management interventions. A request had been made for topical medication and was not certified in the pre-authorization process on March 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% solution (Diclofenac) 2 pumps BID #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the claimant's diagnosis, date of injury and clinical presentation, this request is not considered medically necessary. There is no indication that oral non-steroidal's cannot be taken, and given the current physical examination, there is no data presented to suggest that this medication has limited any efficacy or utility in terms of increased functionality or decreased symptomatology.