

Case Number:	CM14-0057170		
Date Assigned:	07/09/2014	Date of Injury:	09/30/2013
Decision Date:	10/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Pain Medicine, and is licensed to practice in Oklahoma. 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 injured worker is a 54-year-old female who reported injury on 09/30/2013 while speaking with a client that was in her vehicle, the vehicle went into reverse hitting the injured worker on the side knocking her over. The injured worker had a history of shoulder, elbow and neck pain. The diagnoses included shoulder pain, elbow pain, and cervical pain. Past treatments included medication, physical therapy, and electrostimulation. The objective findings dated 04/07/2014 to the cervical spine revealed straightening of the spine with loss of normal cervical lordosis, range of motion was limited with flexion at 30 degrees and extension was limited by 35 degrees. The paravertebral muscles, hypertonicity, spasm and trigger point was noted bilaterally. Spurling's maneuver caused pain in the muscles of the neck radiating to upper extremities. The examination of the left shoulder revealed restricted movement with abduction limited at 160 degrees. Hawkins test was positive, Neer's test was positive, and drop arm test was negative. The evaluation of the left elbow revealed surgical scar and no limitation was noted in flexion, extension, pronation or supination. Tenderness to palpation was noted over the olecranon process. The motor examination revealed a 5-/5 grip to the left wrist flexors and 5/5 on the left. The injured worker reported pain at 4/10 with medication and without medication a 6/10 on the VAS. An MRI was performed. The medication included Pennsaid and Advil. The treatment plan included x-rays, electromyogram/nerve conduction study, and Pennsaid. The request for authorization dated 07/09/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs), Page(s): 111.

Decision rationale: The request for Pennsaid 1.5% solution is not medically necessary. The California MTUS Guidelines do not recommend Pennsaid as a first-line treatment. Diclofenac, the equivalent of Pennsaid, 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 for the treatment of the signs and symptoms of osteoarthritis of the knee. Diclofenac would be recommended for treatment of osteoarthritis and tendinitis of the knee, elbow, or other joints that are amenable to topical treatment. The included medical document lack evidence of the injured worker having any contraindications to oral pain medications, and also lacks evidence that these medications failed to meet the provider's expectations of pain relief. The included medical documents do not suggest objective symptoms of osteoarthritis and tendinitis of the knee for the injured worker. The request did not indicate the frequency or duration. As such, the request is not medically necessary.