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| <b>Case Number:</b>   | CM14-0062867 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 07/15/2002 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 04/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2014 |

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 74 year old with a work injury dated 7/15/02. The documentation indicates that the patient developed symptoms of cervical pain and bilateral shoulder pain related to repetitive activities in the workplace. Under consideration is a request for Pennsaid Solution . There is a 10/2/13 QME physician evaluation that states that the patient had a cumulative trauma injury to neck, shoulders, wrists, and upper , extremities as well as Thoracic outlet syndrome, persistent. She complains of right wrist shooting pain occurs occasionally, but is rare. She has been free of shoulder and arm pain for the past ten months following her latest injection in December 2012. Neck pain is mild, symptomatic only with rotation executed too swiftly. Use of an over the counter topical anti-inflammatory cream for intra scapular pain has decreased. She rates her pain, as only nuisance pain and has required no medications. On exam lateral tilting and rotation bilaterally refers pain to the scapula, and trapezius, as well as right medial scapular area. There is full bilateral upper extremity motor and sensory testing. There is decreased cervical and right and left shoulder range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid solution 2%, 2 pumps applied to left shoulder twice a day, # 112g:** 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): 111-112.

**Decision rationale:** Pennsaid solution 2%, 2 pumps applied to left shoulder twice a day, # 112g is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation does not indicate intolerance of oral medications. The request for Pennsaid is for the shoulder. Without intolerance of oral medications and without guidelines reporting evidence of efficacy to use in the shoulder the request for Pennsaid solution 2%, 2 pumps applied to left shoulder twice a day, # 112g is not medically necessary.