

Case Number:	CM14-0069865		
Date Assigned:	07/14/2014	Date of Injury:	11/20/2012
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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 Interventional Spine 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 patient is a 34-year-old female with date of injury of 11/20/2012. Her diagnosis includes coccyx sprain, coccygeal fracture, sacroiliac joint strain, L5-S1 disk dysfunction and sensitivity to Cymbalta with consequent fever and rash possible serotonin syndrome. According to this report, the patient complains of lower back and sacroiliac joint pain. Her activities of daily living (ADL) continue to remain limited due to her chronic pain. The examination shows her gait is equal and symmetrical. Cadence was normal with normal regression of weight-bearing from heels right through foot flat to toe push off. There is mild paravertebral muscle spasms noted on the right. There is mild tenderness in the lumbosacral region on the right. There is severe tenderness in the coccyx region on the right and moderate on the left. There is also moderate tenderness in the sacroiliac joint, piriformis muscle, and greater trochanter. The utilization review denied the request on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid solution 2 percent apply 2 pumps to sacrum twice a day # 112 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment In Workers Compensation on line edition - Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with lower back and sacroiliac joint pain. The treater is requesting a Pennsaid solution 2%. The MTUS Guidelines page 111 on topical non-steroidal anti-inflammatory drugs (NSAIDs) states that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Furthermore, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. It is indicated for the knee and elbow or joints that are amenable to topical treatment and is recommended for short-term use (4 to 12 weeks). Pennsaid contains diclofenac, a non-steroidal anti-inflammatory drug (NSAID) and works by reducing hormones that causes inflammation and pain in the body. It is used to treat pain in the knees caused by osteoarthritis. The records show that the treater prescribed this medication for the patient's sacrum pain. However, MTUS Guidelines do not support the use of topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. As such, this request is not medically necessary.