

Case Number:	CM14-0071473		
Date Assigned:	07/16/2014	Date of Injury:	04/22/2008
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a 55 year old female who was injured on 04/22/2008. The mechanism of injury is unknown. Prior medication history included Voltaren Gel, Lyrica, ibuprofen, and Omeprazole. The patient underwent right dorsal column stimulating leads on 02/10/2014 which provided 80% improvement in pain relief. The patient underwent laminectomy on 11/22/2012. Progress report dated 04/17/2014 indicates the patient presented with complaints of low back pain and left leg pain with associated aching, cramping, hot-burning, shooting stabbing and throbbing. It radiates to the left lower extremity rated as 6-7/10. The pain is aggravated with bending or increased activity. Objective findings on exam revealed pain in the left lower back with pain and burning. Hyperalgesia over the generator site with well-healed surgical scar. The patient has been given Lyrica and Terocin; Omeprazole; Pennsaid 1.5% to replace Voltaren gel 1% which she has been using since 09/25/2014). Prior utilization review dated 04/30/2014 states the request for Pennsaid 1.5% topical drops (to replace Voltaren gel) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% topical drops (to replace Voltaren gel): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

Decision rationale: The ODG guidelines regarding Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time. Per Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 112 of 127, stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: 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. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there is no documentation of osteoarthritis of knee joints. Furthermore, topical Diclofenac has not been shown to be effective for the treatment of low back pain. Therefore, the request is considered not medically necessary per guidelines.