

Case Number:	CM14-0087372		
Date Assigned:	07/23/2014	Date of Injury:	05/20/2011
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 53-year-old female was reportedly injured on May 20, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of left knee pain, neck pain, and low back pain. The physical examination demonstrated decreased cervical spine range of motion with pain. Examination of the lumbar spine noted a positive left-sided straight leg raise test and tenderness along the lumbar paraspinal muscles and facet joints from L2 through S1. There was decreased lumbar spine range of motion. The treatment plan included acupuncture, a urine drug screen, and a prescription of Pennsaid. Diagnostic imaging studies not reviewed during this visit. Previous treatment includes chiropractic care, physical therapy, a home exercise program, and right knee surgery in March 2012. A request had been made for Pennsaid and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Penssaid 2%, 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112 of 127.

Decision rationale: Pennsaid is a topical preparation of diclofenac sodium. According to the California chronic pain medical treatment guidelines topical anti-inflammatories are only indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow and only for individuals who are unable to tolerate oral anti-inflammatory medications or for whom oral anti-inflammatories are contraindicated. According to the attached medical record the injured employee has mostly complaints of spinal pain and there is no documentation that oral anti-inflammatories or not tolerated. For these reasons this request for Pennsaid is not medically necessary.