

<b>Case Number:</b>	CM14-0089271		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 reported an injury on 04/23/2007 related to a fall. Diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, brachial neuritis or radiculitis, and degeneration of cervical intervertebral disc. Past treatments included unspecified physical therapy in 2008. The injured worker complained of pain to her low back, and neck. The physical exam, dated 7/25/2014, noted spinal and paraspinal pain and tenderness. The injured worker reported constant pain rated 9/10 lower back pain. The injured worker reported a flare in pain over the prior 7 weeks. The injured worker indicated her pain was improved with medications. Medications included Pennsaid solution 1.5% apply 20 drops to affected area three times a day, Lidocaine patch 5% 1 patch every 12 hours, Nucynta 50mg twice daily, Lyrica 150mg in the morning and 200 mg at night, and Percocet 10/325mg three times a day. The treatment plan noted continuation of medications and a weight loss diet. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Pennsaid 1.5% (Diclofenac Sodium) is non-certified. The injured worker had complaints of pain to her neck and back only. The California MTUS Guidelines recommend topical NSAIDs for short term (4-12 weeks) treatment of osteoarthritis of the knee or elbow, and specifically not for use on the spine, hip, or shoulder. The location intended for use was not specified, and the length of time the injured worker had been using Pennsaid was unclear. Additionally, Voltaren gel 1% is the only FDA approved topical NSAID recommended per the California MTUS. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint that is amenable to topical treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the lack of documentation of body parts involved, duration of use, and Pennsaid use not being supported, the continued use of Pennsaid 1.5% would be unfounded at this time. Therefore, the request is non-certified.