

Case Number:	CM14-0113228		
Date Assigned:	08/01/2014	Date of Injury:	02/12/1996
Decision Date:	04/21/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial injury on 2/12/1996. She reported complaints of injury with pain to cervical spine and left shoulder pain. Currently, the injured worker complains of ongoing left shoulder pain and a decrease range of motion. The injured worker was diagnosed as having complex regional pain syndrome left upper extremity, neck and upper thoracic region; cervicgia; cervical ankylosis with degenerative disc disease; left shoulder ankylosis; thoracic ankylosis; kyphosis; pain induced depression. Treatment to date has included physical therapy, trigger point injections; cognitive behavioral sessions; TENS unit; cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid topical solution 2%, 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the pharmaceutical Basis of Therapeutics, 12th ed, McGrawHill, 2006, Physician s' Disk Reference, 68th ed, www.Rxlist.com, ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Diclofenac.

Decision rationale: Pennsaid is diclofenac sodium topical solution. According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Pennsaid topical solution 2%, 1 bottle is not medically necessary.