

<b>Case Number:</b>	CM14-0125596		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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:

This 64 year-old patient sustained an injury on 5/8/08 while employed by [REDACTED]. Request(s) under consideration include Topical Pennsaid solution 2%, 2 pumps applied bid to right UE and neck, #112 gm. Diagnoses include CRPS right face and right upper extremity; cervical facet impingement; right index radial digital nerve neuralgia and pain induced depression. The patient continues to treat for chronic pain symptoms. Nucynta 200 mg daily dose helps to control severe pain by 50% over the head and right side of face. Other medications include Lidocaine and topical Pennsaid/ Diclofenac for neck and right upper extremity pain. Report of 7/10/14 noted the patient has daily headaches associated with photophobia with cramping in the right temple region radiating into the right jaw, ear that radiates down to right upper extremity with associated numbness on right of face; right hand has cramps associated with numbness with hypersensitivity to cold, heat, and touch. Exam showed normal symmetrical tandem gait; normal toe walking, heel walking, hopping, squatting; normal Romberg's test for balance; cervical spine with spasm, tender C3-7 facets, limited range from pain; mild tenderness at occiput, mild spasm at left rhomboid to scapula, first rib and upper thoracic intercostals; shoulders with flex/ext/ab of 170/50/170 degrees; diffuse 4/5 weakness in upper extremity with decreased sensation at radial digital nerves of right index finger; Phalen's and Tinel's positive paresthesias; no atrophy noted; with 5/5 motor strength in lower extremity bilaterally. The request(s) for Topical Pennsaid solution 2%, 2 pumps applied bid to right UE and neck, #112 gm was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid solution 2%, 2 pumps applied bid to right UE and neck, #112 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Pennsaid solution over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2008 without documented functional improvement from treatment already rendered. The Topical Pennsaid solution 2%, 2 pumps applied bid to right UE and neck, #112 gm is not medically necessary and appropriate.