

Case Number:	CM14-0197873		
Date Assigned:	12/08/2014	Date of Injury:	03/18/2008
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine 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 (IW) is a 56-year-old man with a date of injury of March 18, 2008. The mechanism of injury was not documented in the medical record. The current diagnoses are multi-level lumbar disc disorder with associated foraminal stenosis and central canal stenosis most notable at L5-S1; bilateral lower extremity motor and sensory neuropathy; bilateral nerve root L4, L5 and S1 poly radiculopathy with weakness, reduced sensation and right calk atrophy; sciatica; muscle spasms with limited range of motion and diaphoresis; sleep impairment, included by chronic pain; depression, induced by chronic pain and lack of sleep; diarrhea, aggravated by NSID use. Pursuant to a progress note dated October 15, 2014, the IW limped into the examination room holding onto the walls. Gait exhibited asymmetrical weight bearing. Back was hunched forward 30 degrees. Facet loading aggravated pain complaints in the lumbar spine left more than right. Extension lacked 20 degrees. There was tenderness to palpation to the lumbar sacral region and sacroiliac joint. Flexion provoked moderate low back pain. Lower extremity manual muscle testing was 5/5 in all muscle groups. Current medications include Lyrica 25 mg, Pennsaid Solution 2%, Celebrex 200 mg, Carbamazepine 400 mg, Levothyroxine 75 mcg, Lipitor 40 mg, and Aspirin 81 mg. The current request is for Pennsaid Solution 2% applied to the back; to anodyne sacroiliac pain. The provider documents that the Pennsaid has appeased symptoms by over 50%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% 1 pump 3.8 oz: Upheld

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

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, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid 2%, one Pump, 3.8 ounces is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pennsaid 1.5% is FDA approved for osteoarthritis of the knee. Diclofenac gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, hand etc.). The gel has not been evaluated for treatment of the spine, hip or shoulder. The injured worker's diagnoses are multilevel lumbar disc disorder with associated foraminal stenosis and central canal stenosis most notable and L5 - S1; chronic low back pain; muscle spasm with limited range of motion; sleep impairment, from chronic pain; depression; and diarrhea. Pennsaid 2% pump is FDA approved osteoarthritis of the knee. Diclofenac gel is similarly indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, hand etc.). The service requested states Pennsaid 2% is for application to joint pain from the back. Pennsaid is not indicated for treatment of spine, hip or shoulder in a similar fashion to the gel preparation. Consequently, Pennsaid 2%, one pump, 3.8 ounces is not medically necessary.