MAXIMUS Federal Services

Case Number:	CM15-0104868		
Date Assigned:	06/09/2015	Date of Injury:	01/04/2012
Decision Date:	07/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on January 4, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having shoulder pain and cervical pain. Diagnostic studies to date have included an MRI of the right shoulder on January 2, 2013, which revealed low grade tendinosis without evidence of rotator cuff tear and acromioclavicular joint degenerative joint disease with narrowing of the subacromial space. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit and medications including muscle relaxant, oral non-steroidal anti-inflammatory, and topical non-steroidal anti-inflammatory. On March 26, 2015, the injured worker complains of constant pain, which is rated 5/10. Her pain location is unchanged. She is not taking any pain medication as it has been denied. She is currently working. The cervical spine exam revealed spasm of the trapezius and sternocleidomastoid, range of motion is restricted with pain, equal and symmetric reflexes in the upper extremities, and triggers point with radiating pain and twitch response on palpation of the cervical paraspinal muscles on the right trapezius muscle. The right shoulder exam revealed restricted range of motion with pain, positive provocation testing, negative joint instability testing, and tenderness of the acromioclavicular joint, biceps groove, and subdeltoid bursa. There was tenderness of the right hand over the carpometacarpal joint and flexor tendons. The regarding was decreased sensation over the right medial forearm, lateral forearm, and biceps. The right hand grip strength was decreased. The treating physician noted that oral non-steroidal anti-inflammatory medication causes stomach upset for the injured worker. The treatment plan includes oral and topical non-steroidal anti-inflammatory medications. Requested treatment includes topical Pennsaid 1.5% solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Pennsaid 1.5% solution #1 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288, Chronic Pain Treatment Guidelines Topical Agents, Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, Celecoxib (Celebrex).

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

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when first-line agents such as anti-depressants and anti-convulsants have failed. Pennsaid (Diclofenac sodium) is indicated for osteoarthritis of the knee and tendinitis according to the FDA. This patient has neither of these conditions, so there is no FDA-approved indication for the use of this drug. Topical NSAIDs are superior to placebo for 4-12 weeks, but the effect diminished over time. Therefore they are not recommended for long term use. In this case, there is no rationale given for the need for a topical NSAID versus an oral agent. Therefore, the request is deemed not medically necessary at this time.