

Case Number:	CM15-0106984		
Date Assigned:	06/11/2015	Date of Injury:	11/11/2011
Decision Date:	07/22/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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 44 year old male, who sustained an industrial injury on 11/11/2011. The injured worker is currently diagnosed as having lumbago, lumbar disc disorder, hip enthesopathy, and chronic pain syndrome. Treatment and diagnostics to date has included medications. In a progress note dated 03/30/2015, the injured worker presented with complaints of neck, low back, bilateral hip, right knee, and right ankle pain and reports continued functional benefit with his pain medications. Objective findings include joint pain and swelling and bilateral upper extremity and bilateral lower extremity weakness. The treating physician reported requesting authorization for an Orthopedic consultation and Pennsaid topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM supports consultations if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of therapy may benefit from additional expertise. The documentation and objective findings submitted do not support the need for an orthopedic consult. Records reveal that an orthopedic consult was approved on 4/14/15, however there is no documentation as to whether or not the patient followed up with this consult and if so why a second consultation was needed. Therefore this request is not medically necessary or appropriate at this time.

Pennsaid 2% pump 20mg: Upheld

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

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

Decision rationale: Pennsaid topical 2% is diclofenac sodium topical solution that is indicated for osteoarthritis of the knee. MTUS states that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks but the effect diminishes over time. They may be useful for chronic musculoskeletal pain, but the effect diminishes over time. Pennsaid is not recommended for neuropathic pain. In this case, the rationale for a topical agent versus an oral agent is not given. Pennsaid is recommended for osteoarthritis and tendinitis, however this patient does not have these conditions and the request is not medically necessary or appropriate.