

Case Number:	CM15-0108178		
Date Assigned:	06/12/2015	Date of Injury:	01/15/2010
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 55 year old female sustained an industrial injury to the back and neck on 1/15/10. Recent treatment included medications. In a PR-2 dated 1/6/15, the physician noted that the injured worker had a longstanding chronic pain history with chronic pain medication dependence. The physician stated that per their new opioid management policy, patients would no longer be maintained on long-term opioid medications and recommended a taper or transfer of care. In a PR-2 dated 2/19/15, the physician noted that the injured worker had undergone right breast surgery last month due to a new diagnosis of breast cancer and was given a postoperative prescription for Norco. The injured worker stated that she wanted to move forward with detoxification off of Norco and transition onto Buprenorphine. In a PR-2 dated 4/20/15, reported that pain levels were stable. The injured worker was currently on chemotherapy. Physical exam was remarkable for normal gait and posture. Current diagnoses included lumbar degeneration of intervertebral disc, cervical spine post laminectomy syndrome, chronic pain syndrome and opioid dependence. The physician noted that the injured worker had a long term goal of discontinuing opioids for pain management but this could not be accomplished until after a decision regarding mastectomy was made. The physician noted that the injured worker had used Pennsaid in the past with significant improvement in pain. The treatment plan included a prescription for Norco, a new prescription for Pennsaid and a referral for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 20mg/gram/actuation (2%) for the neck and right shoulder: Upheld

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

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 (Chronic), Pennsaid, Topical Analgesics.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. ODG states regarding Pennsaid, "Not recommended as a first-line treatment. See the Diclofenac Sodium listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations." The treating physician does not detail any failure or contraindication of oral NSAID as ibuprofen is still taken by the patient. As such, the request for Pennsaid 20mg/gram/actuation (2%) for the neck and right shoulder is not medically necessary.