

<b>Case Number:</b>	CM15-0131514		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, California

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 35-year-old female who sustained an industrial lifting injury to her left shoulder on 02/24/2014. The injured worker was diagnosed with an anterior superior labral tear and partial rotator cuff tear of the left shoulder. The injured worker underwent a left shoulder arthroscopy with subacromial decompression, debridement and partial rotator cuff tear repair on May 29, 2015. Treatment to date has included diagnostic testing with left shoulder magnetic resonance imaging (MRI) in January 2015, conservative measures, surgery, steroid injections, physical therapy and medications. According to the primary treating physician's progress report on June 9, 2015, the injured worker was evaluated post-operatively. Sutures were removed and steri-strips placed. Examination demonstrated no effusion with range of motion documented at forward flexion 0-85 degrees and external rotation with arm by side to neutral. Active recruitment of the deltoid, triceps and biceps was noted. Sensation to light touch and neurovascular status was intact. Current medications are listed as Ibuprofen, sertraline and Butalbital. Treatment plan consists of continuing with physical therapy, medication and the current request for Pennsaid 2% gel. The patient sustained the injury due to lifting a flat TV.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% gel 1 pump:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** Request Pennsaid 2% gel 1 pump PENNSAID (diclofenac sodium topical solution) 2% w/w is a non-steroidal anti-inflammatory drug (NSAID) used for treating the pain of osteoarthritis of the knees. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. An intolerance or contraindication to oral medications was not specified in the records provided. Also, a doctor's note or prescription with the details of the medications prescribed or recommended was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The medical necessity of Pennsaid 2% gel is not established for this patient.