

Case Number:	CM15-0131530		
Date Assigned:	07/17/2015	Date of Injury:	03/16/2009
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 48-year-old who has filed a claim for chronic low back, shoulder, and knee pain reportedly associated with an industrial injury of March 15, 2009. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for topical Pennsaid. The claims administrator referenced office visits of June 15, 2015, May 1, 2015, and February 20, 2015 in its determination. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant reported ongoing issues with major depressive disorder (MDD). The applicant was using Duexis, Advil, Norco, and Prilosec; it was reported in one section of the note. At the bottom of the report, the applicant was asked to continue Effexor and Desyrel while starting Wellbutrin. The applicant was described as having issues with major depressive disorder (MDD) with resultant global assessment of functioning (GAF of 58), it was reported. In a handwritten note dated June 15, 2015, the applicant was asked to continue current medications to include Lidoderm patches, Norco, and topical Pennsaid, without any seeming discussion of medication efficacy. The note was sparse, thinly developed, handwritten, and not altogether legible. The applicant did apparently carry diagnosis of bilateral knee arthritis, it was reported. The applicant's work status was not articulated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% 2 Drops, 1 month supply: Upheld

Claims Administrator 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Voltaren Gel 1% (diclofenac) Page(s): 7; 112.

Decision rationale: No, the request for topical Pennsaid, a derivative topical diclofenac/Voltaren, was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical diclofenac/Voltaren/Pennsaid is indicated in the treatment of knee arthritis, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's handwritten progress note of June 15, 2015 on which topical Pennsaid was renewed did not seemingly incorporate any discussion of medication efficacy. The applicant's work status, functional status, and response to ongoing usage of topical Pennsaid were not clearly articulated. It was stated, however, the applicant had gained weight on that date and that the applicant remained dependent on opioid agents such as Norco, both of which, particularly when coupled with the attending provider's failure to report the applicant's work status, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the topical Pennsaid at issue. Therefore, the request was not medically necessary.