MAXIMUS Federal Services

Case Number:	CM15-0135365		
Date Assigned:	08/10/2015	Date of Injury:	08/09/2013
Decision Date:	09/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female who sustained an industrial injury on 08-09-2013. Current diagnoses include right shoulder pain, status post right shoulder rotator cuff repair and subacromial decompression, possibility of cervical radiculitis, and obesity. Previous treatments included medications and surgical intervention. Initial injuries occurred to the right shoulder after picking up a box of towels that weighed 50 pounds. Report dated 05-23-2015 noted that the injured worker presented with complaints that included persistent right shoulder pain with numbness and tingling in the right upper extremity. It was noted that increases in activity increases pain. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for pain in the musculoskeletal system, neurologically positive for headaches, spasms were noted in the right shoulder region, tenderness in the right acromioclavicular joint and glenohumeral joint, decreased right shoulder range of motion, and decreased right shoulder strength. The treatment plan included prescriptions for Lidoderm patch and follow up in 4 weeks. The injured worker is to remain on modified duty. Disputed treatments include Pennsaid 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of topical compound Pennsaid 2%: Upheld

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

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

Decision rationale: The patient presents on 05/23/15 with right shoulder pain rated 7/10 with associated numbness and tingling in the right upper extremity. The patient's date of injury is 08/09/13. Patient is status post right shoulder subacromial decompression on 10/03/13. The request is for One Prescription Of Topical Compound Pennsaid 2%. The RFA is dated 06/08/15. Physical examination dated 05/23/15 reveals tenderness to palpation of the right acromioclavicular and glenohumeral joints, spasms noted in the right shoulder region musculature, and decreased left upper extremity strength. The patient is currently prescribed Lidoderm patches. Per 05/23/15 progress note, patient is advised to return to modified duties on 07/30/15. MTUS Topical Analgesics section, under Non-steroidal anti-inflammatory agents (NSAIDs) has the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In regard to the request for Pennsaid, a topical compound containing Diclofenac, this patient does not meet guideline criteria. This patient presents with chronic right shoulder pain and a surgical history of subacromial decompression. MTUS guidelines indicate that topical NSAID medications are appropriate for complaints in the peripheral joints. However, the guidelines also specifically state that there is little evidence to utilize such medications for shoulder complaints. Without evidence of an injury for which topical NSAIDS are considered appropriate, the request cannot be substantiated. The request is not medically necessary.