

Case Number:	CM15-0137893		
Date Assigned:	07/27/2015	Date of Injury:	03/04/2015
Decision Date:	08/27/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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 60 year old male who sustained an industrial injury on 3/4/15 from pulling open a very heavy door. He currently complains of left neck, left shoulder, arm, upper extremity and left hand pain on 6/23/15. The pain level was 5/10. On physical exam the left shoulder range of motion was restricted by pain with positive Neer's and Hawkin's signs; cervical range of motion was restricted by pain. Medications were Cymbalta, Prilosec (per 5/12/15 note). Diagnoses include left shoulder impingement, internal derangement, labral tear; left shoulder pain; diabetes. In the progress note dated 5/12/15 the treating provider's plan of care includes a request for Pennsaid 2% apply twice per day as directed #1 bottle with no refills for inflammation of the left shoulder. He is unable to take oral medications, as he was status post bariatric surgery (3/2015 per 6/23/15 note). Utilization review also evaluated Pennsaid 2% bottle quantity #2. Patient had received left shoulder cortisone injection. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of system there was no complain of gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% bottle qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: Request: Pennsaid 2% bottle qty: 1. PENNSAID (Diclofenac sodium topical solution) 2% w/w is a nonsteroidal anti-inflammatory drug (NSAID) used for treating the pain of osteoarthritis of the knee(s). 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. 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. Pennsaid 2% bottle qty: 1 is not medically necessary for this patient.

Pennsaid 2% bottle qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: Pennsaid 2% bottle qty: 2. PENNSAID (Diclofenac sodium topical solution) 2% w/w is a nonsteroidal anti-inflammatory drug (NSAID) used for treating the pain of osteoarthritis of the knee(s). 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. 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. Pennsaid 2% bottle qty: 2 is not medically necessary for this patient.