

Case Number:	CM15-0139395		
Date Assigned:	07/29/2015	Date of Injury:	10/23/2008
Decision Date:	08/25/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 61-year-old male who sustained an industrial injury on 10/28/08. Treatments include medication, physical therapy injections and surgery. Periodic report dated 7/2/15 reports diagnoses as the following: bilateral carpal tunnel syndrome, chronic low back pain with degenerative changes, reduced sensation in legs with paresthesias consistent with mild radiculopathy, right knee meniscal tear, left thigh pain with radiating pain from the back aggravated by muscle spasm in the back, chronic depression and anxiety, right rotator cuff impingement and full tear, residual of surgery, right carpal tunnel release on 6/24/14 and left carpal tunnel release on 9/23/14. Numbness of the thighs and feet has increased over the past months along with increased leg weakness. Plan of care: continue medications as prescribed, request EMG and nerve studies, request thoracic lumbar sacral orthosis to help with the ability to work and increase activities, continue to perform exercises and topical pennsaid diclofenac 2% topical solution, 2 pumps twice a day to painful region to reduce pain. Work status: temporary total disability. Follow up in 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennisaid 2%: 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- Pennsaid (diclofenac sodium topical solution).

Decision rationale: Pennsaid 2% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical NSAIDS are recommended for short-term use (4-12 weeks). The ODG states that Pennsaid (diclofenac sodium topical solution) is not recommended as first line treatment. The documentation indicates that the patient is already taking Celebrex and it is unclear why the patient would require another NSAID. Furthermore the guidelines recommend this medication for short term use and the request does not specify a quantity. The request for a prescription of Pennsaid is not medically necessary.

Thoracic lumbosacral orthosis with anterior and posterior stabilization: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 and 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back- lumbar support.

Decision rationale: Thoracic lumbosacral orthosis with anterior and posterior stabilization is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The ODG states that a back brace can be used in spondylolisthesis, documented instability, and can be used for treatment of nonspecific LBP but there is very low-quality evidence for this use. The documentation submitted does not reveal instability or extenuating reasons to necessitate a lumbar brace and therefore the request for lumbar support is not medically necessary.