

Case Number:	CM15-0139638		
Date Assigned:	07/29/2015	Date of Injury:	04/03/2003
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 59 year old male, who sustained an industrial injury on 4-3-03. He reported injury to his lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar spondylosis with associated radiculopathy and lumbosacral strain. Treatment to date has included physical therapy. Current medications include Duragesic patch, Norco, Prilosec, Miralax, Neurontin and Pennsaid since at least 2-24-15. As of the PR2 dated 6-17-15, the injured worker reports increased lower back pain as he has been without the Duragesic patch. He indicated that he was cutting patches he had left in half to control his pain. Objective findings include a positive straight leg raise test bilaterally, decreased lumbar range of motion and tenderness to palpation in the lumbar facets. The treating physician requested Pennsaid 20mg-gram #112 bottle x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pennsaid 20mg/gram/actuation metered dose pump #112 bottle with one refill (DOS: 06/17/2015): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Pennsaid (diclofenac sodium topical solution).

Decision rationale: According to ODG, Pennsaid (diclofenac sodium topical solution) is not recommended as a first-line treatment. As noted in ODG, Pennsaid (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide) is FDA-approved for osteoarthritis of the knee. The medical records do not establish evidence of knee osteoarthritis. In addition, as noted in Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. The request for Pennsaid is not supported. The request for Retrospective request for Pennsaid 20mg/gram/actuation metered dose pump #112 bottle with one refill (DOS: 06/17/2015) is not medically necessary and appropriate.