

Case Number:	CM15-0167625		
Date Assigned:	09/08/2015	Date of Injury:	10/14/2002
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency 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 60-year-old male, who sustained an industrial injury on 10-14-02. The diagnoses have included shoulder pain, extremity pain and joint pain. Treatment to date has included medications, activity modifications, diagnostics, bilateral shoulder surgery, injections, physical therapy, home exercise program, H-wave, and other modalities. Currently, as per the physician progress note dated 7-21-15, the injured worker complains of bilateral shoulder pain rated 3 out of 10 on pain scale with medications and 4 out of 10 without medications. The injured worker reports that activity level is unchanged, quality of sleep is fair and the pain is unchanged since the last visit. The current pain medications included Lidoderm patch, Lexapro, Norco since 10-7-13, Lamotrigine, and Pennsaid pump. The urine drug screen dated 6-16-14 was consistent with the medications prescribed. The injured worker reports that the medications allow him to do his chores around the house. The objective findings-physical exam reveals that the right shoulder movements are restricted with flexion limited to 165 degrees, abduction limited to 155 degrees, internal rotation behind body limited to 10 degrees, external rotation limited to 40 degrees and pain. Hawkins test, Neer test and Speeds tests are positive and there is tenderness noted on palpation. The left shoulder movements are restricted with flexion limited to 75 degrees, abduction limited to 60 degrees and pain. The Hawkins, Neers, and shoulder crossover tests are positive and there is tenderness noted with palpation. The motor testing is limited by pain and shoulder external rotation is 4 out of 5 on both sides. The injured worker is currently not working and is permanent and stationary. The physician requested treatment included 1 prescription of Pennsaid 2% pump #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Pennsaid 2% pump #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page(s): 111-112, 68-69.

Decision rationale: The requested 1 prescription of Pennsaid 2% pump #1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID have the potential to raise blood pressure in susceptible patients. The injured worker has bilateral shoulder pain rated 3 out of 10 on pain scale with medications and 4 out of 10 without medications. The injured worker reports that activity level is unchanged, quality of sleep is fair and the pain is unchanged since the last visit. The current pain medications included Lidoderm patch, Lexapro, Norco since 10-7-13, Lamotrigine, and Pennsaid pump. The urine drug screen dated 6-16-14 was consistent with the medications prescribed. The injured worker reports that the medications allow him to do his chores around the house. The objective findings-physical exam reveals that the right shoulder movements are restricted with flexion limited to 165 degrees, abduction limited to 155 degrees, internal rotation behind body limited to 10 degrees, external rotation limited to 40 degrees and pain. Hawkins test, Neer test and Speeds tests are positive and there is tenderness noted on palpation. The left shoulder movements are restricted with flexion limited to 75 degrees, abduction limited to 60 degrees and pain. The Hawkins, Neers, and shoulder crossover tests are positive and there is tenderness noted with palpation. The motor testing is limited by pain and shoulder external rotation is 4 out of 5 on both sides. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1 prescription of Pennsaid 2% pump #1 is not medically necessary.