

Case Number:	CM15-0167958		
Date Assigned:	09/08/2015	Date of Injury:	01/31/2013
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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:

This injured worker is a 50 year old male, who sustained an industrial injury on 01-31-2013. On provider visit dated 07-22-2015, the injured worker reported bilateral shoulder pain. Pain was rated as 4 out of 10 without medication and without medication is 8 out of 10. Objective findings were noted as thoracic spine revealed paravertebral muscles, tight muscle band on the right. The right shoulder revealed a surgical scar, positive Hawkins test, Neer test was positive and tenderness to palpation was noted as well in the subdeltoid bursa. Left shoulder revealed restricted movement with abductions due to pain. Hawkin's test was positive, and Neer test was positive as well and tenderness was noted in the subdeltoid bursa. The injured worker was diagnosed as having shoulder pain. Treatments to date included right shoulder pain status post repair 06-2013, post-operative physical therapy and medication. The injured worker was noted temporary totally disabled. The provider requested a trial Pennsaid 2% Pump 20mg-gm (25%) (Apply twice a day, 30 day supply) due to failed Voltaren gel as it was ineffective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% Pump 20mg/gm (25%) (Apply twice a day, 30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac, topical.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. There is no evidence of efficacy of Pennsaid for the treatment of the cervical, back, knee and shoulder pain. In addition, there is no evidence of long-term benefit of topical NSAID. There is no documentation of intolerance or failure of first line medications. There is no rationale as to why the powder form of the medication is necessitated over the recommended oral form. In addition, the patient was already using voltaren gel, without any evidence of efficacy. Based on the above, the request for Pennsaid 2% Pump 20mg/gm (25%) is not medically necessary.