

Case Number:	CM15-0180056		
Date Assigned:	09/21/2015	Date of Injury:	07/02/1997
Decision Date:	11/17/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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:

This is a 66 year old male who sustained a work-related injury on 7-2-97. Medical record documentation on 8-25-15 revealed the injured worker was being treated for cervicalgia, cervical spondylosis without myelopathy, shoulder region joint pain and muscle spasm. On 8-25-15 the injured worker reported no changes in his neck, upper back and arm pain. He reported some tingling in the right arm when leaning his head sideways or moving his shoulder back. He had right arm pain on the ulnar side. He reported that his medications were barely taking the edge off his pain. He was only using Neurontin and Celebrex. His sleep quality was poor. His average pain was 7 on a 10-point scale (an 8 on 6-29-15). An MRI of the thoracic spine on 5-18-15 was documented by the evaluating physician as thoracic spine facet arthrosis with left T7-8 and T8-9 neuroforaminal narrowing and C7-T1 degenerative changes. The injured worker's medication regimen included aspirin low-strength, Celebrex 200 mg, fentanyl patch 25 mcg-hr, Flomax 0.4 mg, Ibuprofen (600 mg), Lipitor, Lisinopril (20 mg), Neurontin (600 mg), Norco (10-325 mg) and voltaren 1% gel. Objective findings included ongoing and increased neck pain with numbness and tingling to the ulnar aspect of the right arm. He had decreased right shoulder active range of motion due to pain. His treatment plan included a trial of Pennsaid 2% solution. On 9-2-15, the Utilization Review physician determined Pennsaid solution 2% was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid solution 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are 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. Pennsaid is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on multiple opioids, oral NSAIDS and previously used topical Voltaren (another topical NSAID). The Pennsaid is not medically necessary.