

Case Number:	CM15-0182364		
Date Assigned:	09/23/2015	Date of Injury:	03/01/1999
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic neck, shoulder, and knee pain reportedly associated with an industrial injury of March 1, 1999. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for topical Pennsaid. The claims administrator referenced a July 31, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an appeal letter of September 16, 2015, the attending provider appealed previously denied topical Pennsaid. The applicant had multiple pain generators that include the neck, bilateral shoulders, right arm, and knee. On July 31, 2015, the applicant reported multifocal complaints of neck, shoulder, arm, and knee pain. The applicant stated that a friend of hers was using topical Pennsaid and therefore requested a prescription for the same. The applicant's medication list included Motrin, Senna, Zanaflex, morphine extended-release, Percocet, and Neurontin, it was reported. Massage therapy and permanent work restrictions were renewed while Pennsaid was seemingly introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% pump 20mg/gram actuation 2% #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Pain, Pennsaid (diclofenac sodium topical solution).

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

Decision rationale: No, the request for topical Pennsaid, a derivative of topical diclofenac (Voltaren), was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines topical Voltaren/diclofenac/Pennsaid has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's three primary pain generators were the neck and bilateral shoulders, the treating provider reported on July 31, 2015. The attending provider failed to furnish a clear or compelling rationale for provision of topical Pennsaid for relatively large, widespread areas such as the neck and shoulders. i.e, areas not readily or easily amenable to topical application, it is further noted. Therefore, the request was not medically necessary.