

Case Number:	CM15-0196497		
Date Assigned:	10/12/2015	Date of Injury:	07/25/2011
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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: Physical Medicine & Rehabilitation

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 was a 70 year old male, who sustained an industrial injury, July 25, 2011. The injured worker was undergoing treatment for synovitis of the shoulder. According to progress note of September 4, 2015; the injured worker's chief complaint was right shoulder pain and weakness. The physical exam noted acromioclavicular crepitus. There was markedly decreased range of motion and tenderness of the right shoulder. The injured worker previously received the following treatments Lidoderm Patches helped in the past and home exercise program. The RFA (request for authorization) dated September 8, 2015; the following treatments were requested Pennsaid 2% apply to affected areas two times daily as needed with 2 refills. The UR (utilization review board) denied certification on September 16, 2015; for the prescription for Pennsaid 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2 percent #403 refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 09/08/15) - Online Version, Pennsaid (diclofenac sodium topical solution).

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

Decision rationale: The patient presents with pain in the right shoulder. The request is for Pennsaid 2 percent #403 refills: 2. Patient is status post right shoulder surgery, 11/28/11. Examination to the right shoulder revealed a decrease in range of motion. Per 09/09/15 Request For Authorization form, patient's diagnosis includes synovitis shoulder. Patient's medication, per 06/07/15 progress report includes Lidoderm Patch. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The treater has not discussed this request. Review of the medical records provided did not prior use of this medication and it appears the treater is initiating it. MTUS guidelines support topical NSAIDs for osteoarthritis in joints amenable to topical treatment, including ankle, elbow, foot, hand, knee, and wrist. The guidelines however, do not support topical NSAIDs for shoulder problems. Furthermore, the guidelines recommend short term use of topical NSAIDs, due to diminishing effects lasting less than 4 weeks, and the request for 2 refills exceeds guideline recommendations. Therefore, the request is not medically necessary.