

Case Number:	CM15-0201714		
Date Assigned:	10/16/2015	Date of Injury:	12/24/2012
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 injured worker is a 58 year old female who sustained an industrial injury on 12-24-2012. A review of medical record indicated the injured worker is being treated for shoulder arthralgia, muscle weakness, shoulder arthritis, and shoulder impingement, bursitis. Medical records dated 9-4-2015 noted she has continued a home exercise program and was complaining soreness. Physical examination noted no tenderness to palpation. There was pain with range of motion of the deltoid and trapezius muscle left greater than right. Forward flexion to the right was 180 degrees and to the left 110 degrees. Abduction to the right was 180 degrees and to the left 90 degrees. There was a positive impingement sign left greater then right. Treatment has included oral NSAIDS, Voltaren gel, samples of Pennsaid with good relief since at least 7-24-2015 and a home exercise program. Work status was noted as TTD. Utilization review form dated 9-14-2015 noncertified Pennsaid 2% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% gel #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Pennsaid (Diclofenac Sodium Topical Solution)Section.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Per the ODG, Pennsaid is not recommended as a first-line treatment. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with Diclofenac, including topical formulations. In studies Pennsaid was as effective as oral Diclofenac, but was much better tolerated. FDA approved Pennsaid Topical Solution in 2009 for the treatment of the signs and symptoms of osteoarthritis of the knee, and the FDA requires a Risk Evaluation and Mitigation Strategy (REMS) from the manufacturer to ensure that the benefits of this drug outweigh its risks. In this case, there is no evidence of intolerance to or failure with oral NSAIDs, therefore, the request for Pennsaid 2% gel #3 is determined to not be medically necessary.