

Case Number:	CM15-0201881		
Date Assigned:	10/22/2015	Date of Injury:	03/01/1999
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 is a 60-year-old female who sustained an industrial injury on 3-1-1991 and has been treated for chronic neck, bilateral shoulder, right arm, and left knee pain. On 9-3-2015 the injured worker reported that she still has soreness and stiffness in her hips, but said that treatment is helping. On 7-31-2015 she said pain in her left leg is increased with prolonged sitting, bending, and rising from a seating position, and she still had numbness along the outside of her right upper arm. Objective examination revealed an antalgic gait, no atrophies or musculoskeletal weakness, and there were no other atypical findings documented. Treatment discussed in the medical records includes two left knee arthroscopies in 2002 and 2003; repair of the left humerus; surgical repair of the right thumb; left wrist arthroscopy; and, cervical discectomy and fusion in 2012. It is also noted that she has attended an unspecified number of physical therapy sessions providing "help" with her left knee pain; acupuncture which is reported to relieve a "burning" sensation previous reported in her upper back; at least one session of massage therapy stated to have relieved tension in her neck and upper trapezius muscles; use of a cane to help with walking; ibuprofen "for pain and inflammation" but noted to cause abdominal pain and nausea; extended release morphine stated to decrease pain by 50 percent and improve her ability to function; Percocet at bedtime; and, Zanaflex for muscle spasms. She is noted to take Docusate sodium and Senna, which help with constipation. The physician says the injured worker desires to try a topical anti-inflammatory medication to reduce oral intake of NSAIDs. The treating physician's plan of care includes a new prescription for Pennsaid 2 percent pump 20 mg #2; and, 4 sessions of physical therapy with a rationale of teaching her exercises, which she can perform at the gym. These were modified on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% Pump 20mg #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain Chapter, Pennsaid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: PENNSAID (diclofenac sodium topical solution) is a non-steroidal anti-inflammatory drug (NSAID) indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s). Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Pennsaid solution over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. The patient is also prescribed concurrent Motrin, increasing the side effect profile not recommended. Medical necessity for topical Pennsaid has not been established. The Pennsaid 2% Pump 20mg #2 is not medically necessary and appropriate.

Physical Therapy x 4 Sessions: Upheld

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

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization from the formal physical therapy already rendered to support further treatment. There has not been a change in neurological compromise or red-flag findings demonstrated to support for the request of PT to instruct in a gym program. Submitted reports have also not adequately demonstrated the indication to support for the PT indicated for acute injury, flare-up, postop conditions or progressive deterioration not seen here without extenuating circumstances established beyond the guidelines. The Physical Therapy x 4 Sessions is not medically necessary and appropriate.