

Case Number:	CM15-0207181		
Date Assigned:	10/26/2015	Date of Injury:	01/14/2010
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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, Massachusetts

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 64 year old female, who sustained an industrial injury on 01-14-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for degenerative joint disease of the knee, medial meniscus derangement, degenerative cervical disc disease, shoulder impingement syndrome, and arthralgia of the knee. Medical records (02-05-2015 to 09-30-2015) indicate ongoing neck pain, right shoulder pain and left knee pain. Pain levels were rated 5-10 out of 10 in severity on a visual analog scale (VAS). Cervical and knee pain was reported to be increasing or worsening despite medications. Records also indicate no improvement in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work (retired). The physical exam, dated 09-30-2015, revealed tenderness to palpation over the left trapezius, reduced range of motion (ROM) in the cervical spine, slightly reduced grip strength in the right hand, positive Hawkin's and Neer's tests in the right shoulder, tenderness to palpation over the popliteal fossa, and positive McMurray's sign. Relevant treatments have included: physical therapy (PT), work restrictions, and medications (Pennsaid for knee pain since at least 02-2015). The request for authorization (09-30-2015) shows that the following medication was requested: Pennsaid topical solution 2% 112ml #1 bottle. The original utilization review (10-07-2015) non-certified the request for Pennsaid topical solution 2% 112ml #1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid topical solution 2% 112ml, #1 bottle: 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 rationale: The injured worker has a nearly 6 year old injury the patient reports continued moderate pain at the right upper extremity for which a topical NSAID, Diclofenac under the name of Pennsaid is prescribed. According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Diclofenac is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time. MTUS guidelines state that topical NSAIDs, "the efficacy in clinical trial for this treatment has been inconsistent and most studies are small having been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward". Consequently continued use of the above listed compounded agent is not supported at this time, therefore is not medically necessary.