MAXIMUS Federal Services

Case Number:	CM15-0211753		
Date Assigned:	10/30/2015	Date of Injury:	03/10/2013
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female with a date of injury of March 10, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain and cervicalgia. Medical records dated July 2, 2015 indicate that the injured worker complained of pain rated at a level of 4 out of 10 and 7 out of 10 without medications. Records also indicate that the injured worker's activity level has remained the same. A progress note dated October 15, 2015 documented complaints similar to those reported on July 2, 2015. Per the treating physician (October 8, 2015), the employee was temporarily totally disabled. The physical exam dated July 2, 2015 reveals hypertonicity, spasm, tenderness, and tight bands of the cervical paravertebral muscles bilaterally, positive Hawkin's and Neer's test on the right, tenderness to palpation in the right biceps groove and subdeltoid bursa, positive Belly-press test on the right, positive Lift-off test on the right, positive Speeds test on the right, and decreased strength of the finger extensors on the right. The progress note dated October 8, 2015 documented a physical examination that showed no changes since the examination performed on July 2, 2015. Treatment has included medications (Pennsaid solution 1.5% since at least August of 2015; Ibuprofen and Flexeril), cervical medial branch block, physical therapy, and home exercise. The utilization review (October 15, 2015) non-certified a request for Pennsaid 1.5% solution with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% solution with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Pennsaid is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on oral Ibuprofen as well. The Pennsaid is not medically necessary.