

<b>Case Number:</b>	CM15-0212578		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51-year-old female, who sustained an industrial injury on 11-1-10. The injured worker was diagnosed as having right shoulder pain, right elbow pain and right arm pain. Subjective findings (1-29-15, 4-23-15 and 7-16-15) indicated right upper extremity pain. The injured worker rated her pain 5-7 out of 10 without medications. Objective findings (1-29-15, 4-23-15 and 7-16-15) revealed "restricted" right shoulder range of motion, a positive Hawkin's sign and tenderness to palpation in the biceps groove. As of the PR2 dated 10-15-15, the injured worker reports right upper extremity pain. She rates her pain 5 out of 10 without medications. The injured worker indicated that she has used Pennsaid in the past and found it more helpful than Voltaren gel, which she is currently using. Objective findings include "restricted" right shoulder range of motion, a positive Hawkin's sign and tenderness to palpation in the biceps groove. Current medications include Celebrex and Voltaren gel. Treatment to date has included acupuncture x 12 sessions (authorized), Tramadol, Naproxen and Duexis. The Utilization Review dated 10-21-15, non-certified the request for Pennsaid 1.5% #1 x 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5% #1 with 1 refill: 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 section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid 1.5% solution #1, with 1 refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pennsaid (diclofenac topical solution) is FDA approved for osteoarthritis of the knee. In this case, the injured worker's working diagnoses are painting right shoulder; pain in right elbow; and pain in right arm. Date of injury is November 1, 2010. Request for authorization is October 16, 2015. According to an October 15, 2015 progress notes, subjective complaints include ongoing right upper extremity pain. Pain is unchanged. Pain score is 5/10. The injured worker has completed 5 out of 12 acupuncture sessions. The injured worker has used Pennsaid in the past and it was helpful. Additional medications include Celebrex and Voltaren. Objectively, there is decreased range of motion right shoulder and tenderness at the biceps groove. Motor function was grossly normal. Pennsaid (diclofenac topical solution) is FDA approved for osteoarthritis of the knee. The treating provider is trialing Pennsaid for application to the upper extremity. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Pennsaid 1.5% solution #1, with 1 refill is not medically necessary.