

Case Number:	CM15-0212717		
Date Assigned:	11/02/2015	Date of Injury:	09/15/2008
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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: Florida

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:

The injured worker is a 60 year old male with an industrial injury dated 09-15-2008. A review of the medical records indicates that the injured worker is undergoing treatment for left L5-S1 more than L4-L5 disc injury, bilateral L2-5 and L5-S1 facet arthralgia, right greater trochanteric bursitis, bilateral tensor fascia lata tendinosis, right sacroiliac arthralgia, and left sciatica. According to the progress note dated 09-10-2015, the injured worker reported low back pain referring to the left hip and foot, more than the right. The injured worker reported that Aleve and heat are his best options. "Pennsaid has been helpful in the past." Without medications, the pain level was 3-4 out of 10 with intermittent escalation of pain to 6 out of 10 on a visual analog scale (VAS). The pain level decreases to a 2-3 out of 10 with medications. Objective findings (09-10-2015) revealed positive bilateral straight leg raises and moderate pain upon lumbar extension and slight pain with left lateral flexion. Treatment has included prior chiropractic treatments, Aleve, Thermacare, and periodic follow up visits. The injured worker has been declared permanent and stationary. The utilization review dated 10-05-2015, non-certified the request for Pennsaid 2%, 1 bottle with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%, 1 bottle with 3 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Topical Pennsaid 2% (Diclofenac) is not medically necessary.