MAXIMUS Federal Services

Case Number:	CM15-0218469		
Date Assigned:	11/10/2015	Date of Injury:	01/19/2006
Decision Date:	12/29/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, New York, California
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 applicant is a represented 53-year-old who has filed a claim for chronic shoulder and upper extremity pain reportedly associated with an industrial injury of January 19, 2006. In a Utilization Review report dated October 19, 2015, the claims administrator failed to approve a request for topical Pennsaid. The claims administrator referenced an October 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 8, 2015, the applicant reported ongoing issues with chronic shoulder pain, 9/10. The applicant's medications included Norco, Lyrica, Zanaflex, trazodone, topical Pennsaid, Flonase, Norvasc, Prilosec, and Motrin, the treating provider reported. The applicant was severely obese, with BMI of 37, the treating provider reported. The applicant had also developed depressive symptoms and mood disturbance, the treating provider acknowledged. The note was very difficult to follow, was some 9 pages long, and mingled historical issues with current issues to a considerable extent. The stated diagnoses were those of right shoulder pain, left shoulder pain, mood disturbance with depressive features, and bilateral carpal tunnel syndrome. Topical Pennsaid, Desyrel, Zanaflex, Lyrica, and Norco were prescribed while the applicant's permanent work restrictions were renewed. The treating provider acknowledged that the applicant was not working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2 Percent Pump 20 MG/GM/Actuation #1 with 2 Refills: Upheld

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

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

Decision rationale: No, the request for topical Pennsaid was not medically necessary, medically appropriate, or indicated here. Topical Pennsaid is a derivative of topical Diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Diclofenac/Voltaren/Pennsaid has "not been evaluated" in the treatment of the shoulder, i.e., the primary pain generator here, while page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that topical NSAIDs such as Pennsaid, as a class, are not recommended in the treatment of neuropathic pain, as was also present here in the form of the applicant's bilateral carpal tunnel syndrome. The attending provider failed, in short, to furnish a clear or compelling rationale for selection of this particular agent in the face of the unfavorable MTUS positions on the same for the body parts and diagnoses in question. Therefore, the request was not medically necessary.