MAXIMUS Federal Services

Case Number:	CM15-0219722		
Date Assigned:	11/12/2015	Date of Injury:	04/23/1999
Decision Date:	12/23/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male with a date of injury on 04-23-1999. The injured worker is undergoing treatment for osteoarthritis of the knee, lumbar facet hypertrophy, lumbar facet syndrome, failed back surgery, and chronic myofascial pain syndrome. On 10-13-2015 a physician note documents he had a 70-80% low back pain relief after the medial branch blocks. He is happy with the result. He has occasional pain shooting down his leg right more than left. He rates his pain as 2-3 out of 10 on Visual Analog Scale. Morphine helps him with his back pain. A physician progress note dated 10-28-2015 documents the injured worker complains of diffuse pain that is from the back to the buttock to the ankle. There is no physical examination documented. Unofficial X rays reveal good alignment of knee prosthesis is maintained. Treatment to date has included diagnostic studies, medications, medial branch blocks-last given on 09-21-2015, and home exercises. Current medications include Morphine ER, Ambien, and Protonix. The Request for Authorization dated 10-29-2015 includes Pennsaid 2% topical x1 bottle. On 11-05-2015 Utilization Review non-certified the request for Pennsaid 2% topical x1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% topical x1 bottle: Overturned

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 claimant has a remote history of a work injury occurring in April 1999 when, while shoveling mud, he fell forward into a hole with injury to the right knee and lumbar spine. Diagnoses include failed back surgery syndrome and the claimant is status post implantation of a spinal cord stimulator. He has a history of a partial right knee replacement in May 2014. Heartburn and stomach upset are referenced. When seen, he was having diffuse lumbar pain radiating to the buttock and ankle. Recent physical examination findings recorded include lumbar facet joint tenderness with paravertebral muscle spasms. Ambien, Protonix, and extended release morphine are being prescribed. The total MED (morphine equivalent dose) is 45 mg per day. Authorization is being requested for Pennsaid. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has a history of gastric upset and has localized right knee and low back pain that appears amenable to topical treatment. Generic medication is available. This request for topical Pennsaid (diclofenac) is considered medically necessary.