

Case Number:	CM15-0221367		
Date Assigned:	11/16/2015	Date of Injury:	03/12/2008
Decision Date:	12/29/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/10/2015

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: Neurology, 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 55 year old female who sustained an industrial injury on 3-12-08. A review of the medical records indicates she is undergoing treatment for cervical strain, right shoulder strain, temporal mandibular joint dysfunction with mandibular trigger points, right temporal headaches, and pain-induced depression. Medical records (10-2-15, 10-9-15) indicate complaints of "severe" head pain in the right temporalis region, "severe" bilateral jaw and cheek pain, neck pain with trigger points, right shoulder pain that radiates to the thoracic region and right arm, and sleep disruption. The 10-2-15 record indicates activities of daily living are limited in that she has difficulty with walking one block, lifting groceries, sitting, standing, sleeping, social activities, traveling, family relationships, household chores, self-care, writing or typing, and concentration. The physical exam (10-9-15) reveals diminished range of motion of the cervical spine, tenderness of the cervical muscles, cervical facet tenderness, tenderness to palpation with taught bands at the submandibular muscles with twitch responses in the levator scapula, trapezius, and rhomboid muscles, diminished sensation in the trigeminal nerve, and muscle spasms. The shoulders have diminished range of motion bilaterally. Neer's and Hawkin's tests are positive on the right shoulder. Upper extremity muscle testing is "5 out of 5" in all muscle groups. The treating provider indicates "radiating paresthesias provoked by scalene muscle compression". Sensitivity in the arms is diminished in the right C6 and median distributions. Diagnostic studies have included an MRI of the cervical spine. Treatment has included use of heat and ice, trigger point manipulation through massage, physical therapy, chiropractic treatment, a home traction unit, psychotherapy, a cervical epidural steroid injection,

which resulted in an allergic reaction, and medications. Her medications include Baclofen and Pennsaid Diclofenac topical solution (since at least 10-2-15). The utilization review (10-16-15) includes a request for authorization of Pennsaid 2%. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% (unknown quantity): Upheld

Claims Administrator 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 (Online Version).

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

Decision rationale: The medical records provided for review indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent; it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.