

Case Number:	CM15-0224897		
Date Assigned:	11/23/2015	Date of Injury:	07/19/2010
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 68 year old female who sustained an industrial injury on 7-19-2010. A review of medical records indicates the injured worker is being treated for radiculopathy, cervical region, sprain of ligaments of lumbar spine, sprain of ligaments of cervical spine, spinal stenosis cervical region, other cervical disc displacement mid cervical, other tear of medial meniscus, current injury, left knee, and chondromalacia patellae, unspecified. Medical records dated 10-27-2015 noted left wrist complaints. There was bilateral knee pain rated 4-5 out of 10 and in the left 3 out of 10. She has been having popping and cracking pain. Neck pain was rated 8 out of 10. Physical examination noted decreased sensation in the left C6 dermatome to light touch. There was increased swelling to the left knee. Treatment has included 8 sessions of physical therapy which provided relief, 3-4 sessions of massage which provide relief, chiropractic care without relief, acupuncture therapy without relief and cortisone injections. Utilization review form dated 10-27-2015 noncertified pharmacy purchase of Pennsaid solution 2% #112.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Solution 2% quantity 112: 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 rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to CA MTUS guidelines regarding the use of topical NSAIDs the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.