MAXIMUS Federal Services

Case Number:	CM15-0047721		
Date Assigned:	03/19/2015	Date of Injury:	09/30/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 09/30/2013. Initial complaints reported included left shoulder and elbow pain/injury, and low back pain after being struck by a car. The injured worker was diagnosed as having abrasion, and shoulder/chest wall /thigh contusions. Treatment to date has included conservative care, medications, physical therapy, MRI of the left shoulder, x-rays of the left elbow, cervical spine and lumbar spine, and electrodiagnostic testing of the bilateral upper extremities. Currently, the injured worker complains of constant/persistent burning pain to the left shoulder with limits range of motion. Current diagnoses include cervical strain, left shoulder impingement syndrome, left elbow laceration and strain, and lumbar strain (resolved). The treatment plan consisted of continued medications (Pennsaid cream and Celebrex) and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% x3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The most recent report provided, dated 12/03/14, is by [redacted] and states that the patient presents with left shoulder pain with use of the left arm and has no symptoms to the left shoulder or left elbow at the time of the evaluation. The patient's listed diagnoses include: Laceration and strain of the left elbow. Examination of the left elbow on 10/30/14 by [redacted] states the elbow reveals surgical scars with tenderness to palpation over the olecranon process and provides a diagnosis of left elbow laceration. The current request is for PENNSAID 1.5% X 3 REFILLS Diclofenac, an NSAID. The RFA included is dated 08/11/14. The 03/04/15 utilization review also references RFA's dated 02/27/15 and 11/07/14 in addition to the included RFA. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The treating physician states on the 10/30/14 report that Pennsaid topical solution helps with the control of pain, improves function and ADL's, and is prescribed for focal shoulder pain. While the medication may help the patient, the MTUS guidelines state it is indicated for peripheral joint arthritis tendinitis. No clinical evidence is provided of this condition for this patient, and use is intended for the shoulder. In this case, the request IS NOT medically necessary.