

Case Number:	CM15-0055156		
Date Assigned:	07/09/2015	Date of Injury:	05/24/2002
Decision Date:	08/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/23/2015

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 62-year-old who has filed a claim for chronic low back, hip, and leg pain reportedly associated with an industrial injury of May 24, 2002. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for topical Pennsaid. The claims administrator referenced an RFA form received on March 9, 2015 in its determination. The applicant's attorney subsequently appealed. On September 10, 2014, the applicant presented with the primary complaint low back pain. A secondary complaint of hip pain was also reported, with tertiary complaint of hearing loss. The applicant was pending hip surgery, it was suggested. The applicant had received unspecified amounts of chiropractic manipulative therapy. The applicant had issues with hip osteoarthritis. The applicant was not working and had reportedly retired; it was stated in the social history section of the note. Topical Pennsaid was endorsed, reportedly for the hip. Medication list reportedly included Pennsaid, Voltaren gel, and aspirin; it was suggested in the medications section of the note. On February 4, 2015, the applicant again presented with complaints of hip and low back pain. The applicant was asked to continue to use topical Pennsaid for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 20 mg/gram/actuation (2%) topical solution in metered dose pump (apply 2 pumps (40 mg) to affected hips (s) topically twice a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

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 Voltaren/diclofenac/Pennsaid has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator were, in fact, the lumbar spine and hip, i.e., body parts for which topical Pennsaid (AKA topical Voltaren/topical diclofenac) has not been evaluated. Here, the attending provider failed to furnish a compelling rationale for provision of this particular agent in the face of the tepid-to-unfavorable MTUS position on the same for the body parts in question, the hip and lumbar spine. Therefore, the request was not medically necessary.