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| Case Number: | CM15-0058309 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 12/27/2013 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 59 year old male, who sustained an industrial injury on 12/27/2013. He has reported injury to the head, right knee, and low back. The diagnoses have included post-traumatic headache; injury of head; low back pain; and knee pain. Treatment to date has included medications, diagnostics, and massage chair. Medications have included Aleve, Aspirin, Tramadol, and Pennsaid lotion. A progress note from the treating physician, dated 03/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of having had three headaches, followed by nosebleeds; low back pain; and right knee pain with swelling. Objective findings included slight tenderness to palpation of the right temporal area; deep tenderness at the bilateral lumbo-sacral-iliac junctions and right para-lumbar regions; and tenderness to palpation of the right knee. The treatment plan has included the request for Pennsaid 2 percent lotion 2 pumps twice daily #112.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2 Percent Lotion 2 Pumps BID #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Medical documentation does not indicate objective functional improvement with the use of this medication. As such, the request for Pennsaid 2 Percent Lotion 2 Pumps BID #112 is not medically necessary.