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| <b>Case Number:</b>   | CM15-0082490 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 05/27/2000 |
| <b>Decision Date:</b> | 06/03/2015   | <b>UR Denial Date:</b>       | 04/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old female injured worker suffered an industrial injury on 05/27/2000. The diagnoses included lumbar fusion and lumbar radiculopathy. The diagnostics included lumbar myelogram and computerized tomography. The injured worker had been treated with medications. On 4/8/2015 the treating provider reported severe low back pain with radiations into the right lower extremity with numbness and tingling. The pain is rated as 10/10 due to a recent flare. The Norco is beneficial in reducing her pain by at least 50% and enables her to perform activities of daily living. On exam she appeared to be in moderate to severe discomfort with an impaired gait with restricted lumbar range of motion with moderate muscle tenderness and spasms. The right lower extremity sensation and strength was reduced. Also the straight leg raise was positive. The treatment plan included Pennsaid 2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2%:** Overturned

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

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

**Decision rationale:** The claimant has a remote history of a work injury occurring more than 15 years ago. She continues to be treated for reading low back pain. When seen, pain was rated at 10/10. There had been a flare-up of symptoms. Physical examination findings included decreased lumbar spine range of motion with muscle spasms and tenderness. There was positive straight leg raising and decreased right lower extremity strength and sensation. Medications are referenced as decreasing pain from 10/10 to 6/10. There had been benefit after trigger point injections and intramuscular Toradol. The claimant has stomach upset with use of oral non-steroidal anti-inflammatory medication. Topical non-steroidal anti-inflammatory medication such as Pennsaid (diclofenac topical) can be recommended for patients with chronic pain in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant does not tolerate oral non-steroidal anti-inflammatory medication and has localized pain affecting the low back amenable to topical treatment. Therefore, the requested medication was medically necessary.