

<b>Case Number:</b>	CM15-0084233		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	05/28/1998
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 (IW) is a 69-year-old female who sustained an industrial injury on 05/28/1998. Diagnoses include lumbar radiculopathy, post lumbar laminectomy syndrome and low back pain. Treatment to date has included medications, epidural steroid injections and spinal fusion. According to the progress notes dated 3/30/15, the IW reported increased pain in the lower back since her last visit, rating pain 6/10 with her medications and 8/10 without them. Her current meds were Lidoderm 5% patch, Norco 10/325mg one as needed every 4 to 6 hours (max 4 per day), Soma 350mg 4 times daily as needed, Prozac 20mg 2 capsules daily and Lunesta 3mg one tablet at bedtime. The IW informed the provider of denials for her Soma and Lidoderm patches. A request was made for Pennsaid 2% as a trial for topical inflammation relief. Instructions for use and side effects were discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2 Percent:** 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 (Chronic), Pennsaid, Topical Analgesics.

**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. ODG states regarding Pennsaid, "Not recommended as a first-line treatment. See the Diclofenac Sodium listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations." The patient is diagnosed with lumbar radiculopathy and low back pain. Treating physician does not detail any failure or contraindication of oral NSAID as naproxen is still taken by the patient. As such, the request for Pennsaid 2% is not medically necessary.