

Case Number:	CM14-0121128		
Date Assigned:	09/16/2014	Date of Injury:	09/13/1995
Decision Date:	10/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who is reported to have a date of injury of 09/13/1995. The records reflect that the injured worker sustained head trauma. She is reported to have aggravated a previous neuronal migraine disorder, epileptic and psychomotor seizures. She is status post ACDF at multiple levels treated with HEP and opiate medications. The record includes a utilization review determination dated 07/28/14 in which a request for Pennsaid Solution 2% # 112 grams was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Solution 2%, #112gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Pennsaid Solution 2% # 112 grams is not supported as medically necessary. The submitted clinical records indicate the injured worker has chronic cervical pain as the result of a workplace event. She has previously undergone ACDF at multiple levels. She has been maintained on oral medications and a home exercise program. The

California Medical Treatment Utilization Schedule does not support the use of topical analgesics noting the safety and efficacy has not been established through rigorous clinical trials. This topical medication contains Diclofenac which is clinically indicated for the treatment of OA. As the intent is for myofascial pain the medical necessity is not established.