MAXIMUS Federal Services

Case Number:	CM14-0129887		
Date Assigned:	08/20/2014	Date of Injury:	06/29/2000
Decision Date:	10/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 71-year-old female with a 6/29/00 date of injury. At the time (7/16/14) of the request for authorization for Pennsaid 2% 121g, there is documentation of subjective (back pain, ongoing neck pain, bilateral shoulder pain, and left knee pain) and objective (tenderness over the subacromions to palpation, positive impingement signs, bilateral shoulder ranges of motion are limited in all planes, neck range is limited in all planes, positive Finkelstein maneuvers bilaterally, tenderness over the lateral and medial epicondyles to palpation, lower back limited range of motion, area of altered sensation along the left lateral calf and bottom of her foot) findings, current diagnoses (low back pain, left leg symptoms, lumbar sprain/strain, bilateral shoulder pain, left knee pain with degenerative joint disease, bilateral elbow pain with chronic medial and lateral epicondylitis, and history of bilateral wrist sprain/strain injuries with chronic tendinitis of the wrists), and treatment to date (medication including ongoing use of Pennsaid). There is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Pennsaid use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% 121g: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs), Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PennsaidÂ® (diclofenac sodium topical solution)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of topical diclofenac. Within the medical information available for review, there is documentation of diagnoses of low back pain, left leg symptoms, lumbar sprain/strain, bilateral shoulder pain, left knee pain with degenerative joint disease, bilateral elbow pain with chronic medial and lateral epicondylitis, and history of bilateral wrist sprain/strain injuries with chronic tendinitis of the wrists. In addition, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee) and that Pennsaid is used as a second line treatment. However, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. In addition, given documentation of ongoing use of Pennsaid, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Pennsaid use to date. Therefore, based on guidelines and a review of the evidence, the request for Pennsaid 2% 121g is not medically necessary.