

Case Number:	CM14-0172335		
Date Assigned:	10/23/2014	Date of Injury:	10/04/2012
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 74 year old male with date of injury of 10/4/2012. A review of the medical records indicate that the patient is undergoing treatment for right shoulder rotator cuff injury and repair. Subjective complaints include continued pain in the right shoulder with numbness and tingling in the right hand. Objective findings include limited range of motion of the right shoulder with tenderness to palpation of the rotator cuff; motor strength 5/5; positive Spurling sign. Treatment has included Norco, home exercise, physical therapy, and steroid injections. The utilization review dated 10/8/2014 non-certified Pennsaid 2%, Pump 20mg/gram/actuation 2%, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%, Pump 20mg/gram/actuation 2%, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 does not appear to have osteoarthritis. Additionally, the treating physician does not detail any failure or contraindication of oral NSAID. As such, the request for Pennsaid 2%, Pump 20mg/ gram/ actuation 2%, #1 is not medically necessary.