

<b>Case Number:</b>	CM14-0185659		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	11/02/2001
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 50 year old female with the injury date of 11/02/2001. The patient presents with pain in her neck, radiating down her shoulders bilaterally, from repetitive sprain/ strain injury. The patient states her neck pain is worse with extension and rotation of the cervical spine. MRI from 03/03/2014 reveals 1) at c4-5, degenerative bone and disc changes with a 2mm annular disc bulge mildly encroaching on the thecal sac and abutting the anterior aspect of the spinal cord 2) At C6-7, 2-3mm annular disc bulge. The patient has hyper tonicity of bilateral trapezius. There is minimal tenderness over the cervical parspinous and parscapular region. Per 09/08/2014 progress report, the patient is taking Sentra PM medical food, Flector patch, Tramadol Hcl, Pennsaid 1.5% solution, Flexeril, Nabumetone-relafen, Rabeprazole and Fluoxetine-prozac. The patient is permanent and stationary. Diagnoses on 09/08/2014 1) Syndrome postlaminectomy/ fusion at C5-6 2) Neck pain 3) Pain abdominal epigastric The utilization review determination being challenged is dated on 10/09/2014. Treatment reports were provided from 12/19/2013 to 10/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.3% Solution 130 and 5 refills, TID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ODG, Diclofenac Sodium listing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

**Decision rationale:** The patient presents with pain in her neck and shoulders. The patient is s/p fusion at C5-6 on 05/13/2014 and right shoulder arthroscopic surgery. The request is for Pennsaid 1.5% solution 130 and 5 refills, TED. This is diclofenac topical solution. The patient has been utilizing Pennsaid since at least 12/19/2013. California Medical Treatment Utilization Schedule (MTUS) guidelines page 111 "primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " It indicates "FDA-approved agents: Voltaren Gel 1% (diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity)." In this case, the patient does not present with peripheral joint arthritis/tendinitis problems for which this topical product may be indicated. Treatment is not medically necessary and appropriate.