

Case Number:	CM14-0218278		
Date Assigned:	01/07/2015	Date of Injury:	08/17/2010
Decision Date:	03/09/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 with a date of injury on 08/17/2010. The current diagnoses include shoulder joint replacement, myalgia and myositis, carpal tunnel syndrome, adhesive capsulitis of shoulder, and shoulder joint pain. Previous treatments include oral and topical medications, physical therapy, injections, right shoulder surgery, and home exercise program. Progress report dated 01/12/2015 noted that the injured worker presented with complaints of right shoulder pain, right wrist. The pain radiates from the right shoulder to right wrist. It is described as aching and throbbing, 5/10 in severity. Current medications include gabapentin, ibuprofen, metformin, omeprazole, Pennsaid, and Voltaren gel. Physical examination revealed swelling over the left hand, tenderness over the right wrist. The injured worker is currently not working. The utilization review performed on 12/15/2014 non-certified a prescription for Pennsaid topical drops based on no documentation of failure of oral non-steroidal anti-inflammatory medications. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 105% topical drops, 1150 ml bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and NSAIDs (Non-Steroidal Anti-Inflammatory Dru.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113-114. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 08/17/2010. The medical records provided indicate the diagnosis of shoulder joint replacement, myalgia and myositis, carpal tunnel syndrome, adhesive capsulitis of shoulder, and shoulder joint pain. Previous treatments include oral and topical medications, physical therapy, injections, right shoulder surgery, and home exercise program. The medical records provided for review do not indicate a medical necessity for Pennsaid 105% topical drops, 1150 ml bottle. Pennsaid is a topical analgesic containing Diclofenac. The MTUS recognizes the topical analgesics as experimental drugs primarily used as an option in cases of neuropathic pain that have failed treatment with antidepressants and anticonvulsants. Although diclofenac, an NSAID, is an option for osteoarthritis of the ankle, elbow, foot, hand, knee, and wrist, it has not been evaluated for the spine, hip and shoulder. When used for the treatment of osteoarthritis in the listed areas, the recommendation is to use it for a maximum of 4-14 weeks. The official Disability Guidelines does not recommend it a first-line treatment. When used, it should be 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 requested treatment is not medically necessary and appropriate. The records indicate the injured worker has used this for sometime (the MTUS recommends not more than 4-12 weeks); although the injured worker has adverse effects to NSAIDs, this is well controlled with Omeprazole as a result of which the worker is still being treated with Ibuprofen. Also, Diclofenac is an "N" medication with several risks, even when used topically.