

<b>Case Number:</b>	CM15-0019018		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/20/1997
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 52 year old male, who sustained an industrial injury on 08/20/1997. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, and trigger point injections. Currently, the injured worker complains of cervical spine pain with radiating pain into the back of the head and down into the mid/upper back. Current medications include aspirin, carvedilol, amlodipine, benazepril, Lipitor, multivitamin, coenzyme, Omega-3, Nitrostat, Tylenol, ProAir HFA inhaler, Nasonex, Zyrtec, Some, Ranexa, Amitiza, MD Contin, Voltaren gel, Xanax, Cinsulin and Vitamin D. The diagnoses include cervical degenerative intervertebral disc disease, displacement of cervical intervertebral disc without myelopathy, opioid dependence, and constipation. The request for authorization consisted of Pennsaid 1.5% topical drops.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5% topical drops:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Pennsaid, guidelines state that topical NSAIDs are recommended for short-term use. Topical NSAIDs are indicated for Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the pennsaid is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Pennsaid is not medically necessary.