

Case Number:	CM15-0113645		
Date Assigned:	06/22/2015	Date of Injury:	03/07/2014
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 50 year old female, who sustained an industrial injury, March 7, 2014. The injured worker previously received the following treatments home exercise, chiropractic visits, Fioricet, random toxicology laboratory studies were negative for any unexpected findings on March 12, 2015 and psychiatric services. The injured worker was diagnosed with chronic lumbar spine sprain/ strain superimposed upon degenerative disc and joint disease, myofascial pain syndrome, post-traumatic stress disorder and chronic right hip/buttocks pain. According to progress note of May 7, 2015, the injured worker's chief complaint was intermittent problems with the lower back. The injured worker was mediations intermittently. The physical exam noted no significant changes in the overall lumbar spine examination. There was some trigger points noted, but no spasms. There was limited range of motion. The treatment plan included a prescription for Pennsaid Solution 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bottle of Pennsaid Solution 2%, 112 gms: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Diclofenac sodium topical solution.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for chronic low back pain. When seen, she was having worsening symptoms. There was an antalgic gait with muscle guarding. There was lumbar spine tenderness with muscle spasms and decreased and painful range of movement with guarding. Straight leg raising was positive. Prior medications had included Norco. The claimant also takes Fioricet. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include localized pain amenable to topical treatment. In this case, the claimant has localized low back pain. No oral non-steroidal anti-inflammatory medication is being prescribed. The requested medication is medically necessary.