

<b>Case Number:</b>	CM15-0113926		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 is a 52 year old male, who sustained an industrial injury on March 23, 2011. Treatment to date has included right shoulder arthroscopy with redo arthroscopic subacromial decompression, distal clavicle resection and minimal rotator cuff debridement; physical therapy, medications, right carpal tunnel release, cervical arthroplasty, and right shoulder subacromial injections. Currently, the injured worker complains of aching of the bilateral shoulders. He reports improvement following surgery and has well-healed arthroscopic portals. On physical examination he has a full range of motion in his bilateral shoulders and good rotator cuff strength. There is no instability of either shoulder joint and his axillary and distal CMS is intact. The diagnoses associated with the request include right shoulder impingement syndrome and status post arthroscopic subacromial decompression with clavicle resection. The treatment plan includes work modifications, right shoulder steroid injections and Pennsaid 2% solution to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Pennsaid 2% solution:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work injury in March 2011. He has right shoulder pain and has undergone two arthroscopic surgeries for rotator cuff impingement. When seen, he was having ongoing right shoulder pain. Cervical spine surgery was pending. Medications being prescribed include Celebrex. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Celebrex is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.