

Case Number:	CM15-0114023		
Date Assigned:	06/22/2015	Date of Injury:	01/18/2012
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
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: California

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 46 year old female, who sustained an industrial injury on January 18, 2012. Treatment to date has included medication, trigger point injection, TENS unit and MRI of the lumbar spine. Currently, the injured worker reports mild interval improvement in her low back pain and rates her pain intensity a 2-5 on a 10-point scale. She reports radiation of pain to the left more than right buttock and notes that she is experiencing significant pain at night when she is lying on the left side. She reports that Flexeril, Norco, Lidoderm patches and exercise help with her pain. On physical examination the injured worker has limited range of motion of the lumbar spine and tenderness to palpation over the left shoulder. Her gait is antalgic and asymmetric. The diagnoses associated with the request include L4-5 disc herniation with annual tear, lumbar disc protrusions, status post lumbar trigger point injection and rule out bilateral trochanteric bursitis. The treatment plan includes topical Pennsaid to her bilateral trochanteric bursa, trochanteric bursa injection, repeated PRP injections to the lumbar facet joints and continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Solution 2 Percent Qty 1 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Pennsaid (Diclofenac Sodium Topical Solution) Section.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Per the ODG, Pennsaid is not recommended as a first-line treatment. Topical diclofenac is recommended 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. In studies Pennsaid was as effective as oral diclofenac, but was much better tolerated. FDA approved Pennsaid Topical Solution in 2009 for the treatment of the signs and symptoms of osteoarthritis of the knee, and the FDA requires a Risk Evaluation and Mitigation Strategy (REMS) from the manufacturer to ensure that the benefits of this drug outweigh its risks. Topical Pennsaid has not been evaluated for the use on areas other than the knee. In this case, it is reported that the injured worker has significant pain relief and increase in function with the use of topical Pennsaid. Additionally, oral NSAIDs are not well tolerated due to GI upset. Topical Pennsaid has not yet been evaluated in areas other than the knee and is therefore not supported in this case. The request for Pennsaid Solution 2 Percent Qty 1 with 3 Refills is not medically necessary.