

Case Number:	CM15-0116267		
Date Assigned:	06/24/2015	Date of Injury:	11/08/2012
Decision Date:	07/29/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 11/8/12. She has reported initial complaints of a low back injury. The diagnoses have included lumbar radiculopathy, lumbar facet syndrome, low back pain and hip pain. Treatment to date has included medications, activity modifications, diagnostics, injections, surgery, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6/5/15, the injured worker complains of lower backache rated 3/10 on pain scale with medications and 8/10 without medications. She reports that her sleep is poor. The objective findings reveal that the lumbar spine range of motion is restricted and limited by pain, there is spasm, tenderness and tight muscle band noted with palpation of the paravertebral muscles, lumbar facet loading is positive on both sides, and straight leg raise is positive on the left side in sitting at 80 degrees. The light touch sensation is decreased over the left lower extremity (LLE) dermatomes. The diagnostic testing that was performed included electromyography (EMG) / nerve conduction velocity studies (NCV) of the bilateral lower extremities that revealed radiculopathy. The current medications included Dilaudid, Flector patch, Skelaxin, Pennsaid pump, and Cetirizine. The urine drug screen dated 6/5/15 was consistent with medications prescribed. The physician requested treatment included Pennsaid 2% pump 20mg/gram/ Actuation 2% quantity of 2 for low back pain. Patient sustained the injury when she was manipulating a wheelchair with patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% pump 20mg/gram/Actuation 2% QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Request: Pennsaid 2% pump 20mg/gram/Actuation 2% QTY: 2. Pennsaid 2% solution contains Diclofen sodium as an active ingredient. Diclofen is a NSAID. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Diclofenac, is not recommended by MTUS. The medical necessity of the medication, Pennsaid 2% pump 20mg/gram/Actuation 2% QTY: 2 is not fully established in this patient.