

<b>Case Number:</b>	CM15-0118052		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/04/2008
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Florida, 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 52 year old male who sustained an industrial injury on 6/4/08 to the shoulder. The initial diagnosis was shoulder sprain. Orthopedic provider diagnosed left shoulder impingement syndrome with partial rotator cuff tear, left median neuropathy. She had electromyography/ nerve conduction study of the left upper extremity (11/14/08) showing mild left carpal tunnel syndrome. She currently complains of persistent constant, achy right elbow and right shoulder pain. On physical exam of the right upper extremity there was tenderness at the right medial and lateral epicondylar region; dysesthesia to light touch in the right ulnar nerve distribution; tenderness in the right acromioclavicular joint. Diagnoses include right and left carpal tunnel syndrome, right cubital tunnel syndrome; right lateral and medial epicondylitis; right shoulder adhesive capsulitis; right shoulder pain; right ulnar neuritis; right median neuropathy; left wrist and hand pain. Treatments to date include medications. In the progress note dated 5/5/15 the treating provider's plan of care includes requests for ibuprofen 600 mg twice per day #60; Pennsaid 1% apply four times per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 111 of 127, and Page 60 and 67 of 127.

**Decision rationale:** This claimant injured the left shoulder now 7 years ago. She has persistent constant, achy right elbow and right shoulder pain. Diagnoses include right and left carpal tunnel syndrome, right cubital tunnel syndrome; right lateral and medial epicondylitis; right shoulder adhesive capsulitis, right shoulder pain; right ulnar neuritis; right median neuropathy; and left wrist/hand pain. Treatment to date includes medicines. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

**Pennsaid 1%:** Upheld

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

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

**Decision rationale:** As shared previously, this claimant injured the left shoulder now 7 years ago. She had persistent constant, achy right elbow and right shoulder pain. Diagnoses include right and left carpal tunnel syndrome, right cubital tunnel syndrome; right lateral and medial epicondylitis; right shoulder adhesive capsulitis, right shoulder pain; right ulnar neuritis; right median neuropathy; left wrist and hand pain. Treatment to date was medicines. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding topical NSAID like Pennsaid, the ODG notes: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Therefore, I do not support certification in this case. The request is not medically necessary.

