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| Case Number: | CM15-0118548 | | |
| Date Assigned: | 06/26/2015 | Date of Injury: | 04/25/2013 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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: Arizona, Michigan

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 35 year old male, who sustained an industrial injury on 04/25/2013. He reported injury to his upper extremities when his truck hit a car that ran a stop sign. He injured his left shoulder, right wrist and forearm and neck. Treatment to date has included medications, electrodiagnostic studies, cortisone injection, psychotherapy, shoulder surgery and physical therapy. According to a progress report dated 05/06/2015, the injured worker returned with persistent left shoulder pain. Pain level was rated 4 on a scale of 1-10. The injured worker was grossly protective of his left upper extremity. Spasms were noted in the left shoulder region musculature. Tenderness was noted in the left glenohumeral joint more so than acromioclavicular joint. Left shoulder forward flexion was 150 degrees, abduction was 90 degrees and internal rotation was at the level of the lumbar spine. Diagnoses included left shoulder pain, neck pain, clinically consistent cervical radiculopathy, status post debridement of the left rotator cuff tear and distal claviclectomy on 01/2014 and insomnia. A prescription was given for Pennsaid 2%, apply 2 to 4 grams four times a day. Currently under review is the request for Pennsaid 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDS Page(s): 111-112.

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Per MTUS, NSAIDS (non-steroidal anti-inflammatory drugs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications for use include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support use. FDA approved agents include Voltaren Gel 1% (diclofenac): indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine hip or shoulder. The most common adverse reactions were dermatitis and pruritus. In this case, there was no discussion of trial and failure of antidepressants and anticonvulsants medications. There was no discussion of inability to tolerate oral NSAIDS. MTUS does not recommend topical NSAIDS for the shoulder. In addition, the indication for use and the site of application of Pennsaid 2% was not discussed in the progress reports. As such, the request for Pennsaid 2% is not medically necessary.