

Case Number:	CM15-0119163		
Date Assigned:	06/29/2015	Date of Injury:	08/06/1999
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
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: 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 66 year old female with an industrial injury dated 08/06/1999. Her diagnoses included lumbar disc displacement and lumbar disc disease with myelopathy. Prior treatment included surgery, medications, aqua therapy, interferential unit, chiropractor, physical therapy and epidural injections. She presents on 05/12/2015 for follow up of back pain. She describes the pain as 7/10. She reports ice and narcotics improve the condition. Other issues included chronic knee pain which she rates as 8/10. The provider notes the injured worker notes substantial benefit from the medications and she has nociceptive, neuropathic and inflammatory pain. The provider also documents no evidence of drug abuse or diversion and no aberrant behavior has been observed. Urine drug screens have been normal. Physical exam noted the injured worker was uncomfortable and had difficulty walking, sitting and standing. Lumbosacral exam reveals pain with rotational extension and bilateral and secondary myofascial pain with triggering and spasm. Treatment plan included medications and urine drug screen. Treatment request included the following requests which were authorized: Urine drug screen, Clonazepam 1 mg, Cymbalta 60 mg, Duragesic patch 50 mcg, Ibuprofen 800 mg, Inderal 20 mg, Norco 10/325 mg #180, Omeprazole 20 mg. The treatment request for review is Pennsaid 1.5% solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% solution: 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), Pain (Chronic) - Diclofenac Topical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, pages 131-132.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1999 and continues to be treated for back, hip, and knee pain. When seen, pain was rated at 7-8/10. There had been improvement in pain of approximately 50% with medication use. She had undergone an L4-5 fusion 6 weeks before. Active medications being prescribed included ibuprofen, omeprazole, and Pennsaid. 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 ibuprofen was also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.