

Case Number:	CM15-0122094		
Date Assigned:	07/06/2015	Date of Injury:	05/08/2013
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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 61 year old male who sustained an industrial injury on 05/08/2013. Mechanism of injury was a trip and fall and he fell forward on the side of his head. Diagnoses include cervical spine injury with resultant surgery on 09/03/2013 and he experienced a perioperative cerebrovascular accident with left spastic hemiparesis, left shoulder pain, sprain/stain, and rotator cuff tendinopathy/tear. Treatment to date has included diagnostic studies, medications, status post C1-C4 posterior decompressive laminectomy on 09/03/2013, and use of a single point cane, steroid injections to the shoulder, functional capacity evaluation, and 40 sessions of physical therapy. Her medications include Aspirin, Celebrex, Norco and Pennsaid. The injured worker works and volunteers for a few hours every day and can be active at least five hours a day. He is unable to perform usual and customary work due to non-functional neck mobility. A physician progress note dated 05/29/2015 documents the injured worker complains of continued bilateral knee pain. He rates his pain with medications as 3 on a scale of 1 to 10, patient rates his pain without medications as 8 on a scale of 1 to 10. His quality of sleep is poor. He has an antalgic gait and uses a straight cane. Cervical spine range of motion is restricted and there is pain in all arcs of movement. His right shoulder reveals tenderness to palpation of the right acromioclavicular joint, coracoid process and bicipital groove, and range of motion is limited. Left shoulder range of motion is limited. Hawking's, Speed's and Yergason tests are positive on the right. The treatment plan includes Norco, Aspirin and Celebrex, he is to continue to follow up with his neurosurgeon, and will consider neurological referral in the near future if the injured workers condition worsens, and a trial of a Transcutaneous Electrical Nerve

Stimulation unit at home. Treatment requested is for Pennsaid 2% #4 with 1 refill per 5/29/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% #4 with 1 refill per 5/29/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://www.pennsaid.com/>.

Decision rationale: MTUS Guidelines do not support the concurrent use of topical and oral NSAIDs. Guidelines note that topical NSAIDs can have a significant systemic absorption with the same side effects as oral forms. This individual is utilizing oral Celebrex and aspirin (ASA), however the Pennsaid prescribing information notes that ASA is not shown to protect against the cardiovascular risks from NSAID use. "There is no consistent evidence that regular use of aspirin lessens the increased risk of serious heart events, such as heart clotting, heart attack, and stroke associated with NSAID use. As with all NSAIDs, regular administration of PENNSAID and aspirin is not generally recommended because of the potential of increased risks". With this individual's history of a cerebral vascular accident NSAID use should be as limited as possible even with ASA use. Under these circumstances, the concurrent use of oral and topical NSAIDs is not supported by Guidelines. The Pennsaid 2% #4 with 1 refill per 5/29/15 order is not medically necessary.