

Case Number:	CM15-0125690		
Date Assigned:	07/10/2015	Date of Injury:	02/27/2008
Decision Date:	09/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 53 year old, female who sustained a work related injury on 2/27/08. The diagnoses have included axial cervical facet mediated pain, history of occipital neuralgia and multilevel cervical spondylosis. Treatments have included medications, a right occipital nerve block with benefit and chiropractic treatments with benefit. In the PR-2 dated 4/20/15, the injured worker complains of bilateral cervical spine pain, left is worse than right. She has associated cervicogenic headaches. She complains of a burning sensation in the upper trapezii and parascapular region. On physical examination, she has focal tightness and tenderness of the cervical spine, bilateral upper trapezii, bilateral levator scapulae and rhomboids, right greater than left. She has some decreased range of motion in cervical spine. She has a positive Spurling sign for facet stress. There is no documentation of working status. The treatment plan includes a prescription for Pennsaid topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Pennsaid Solution 2% #112 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per CA MTUS guidelines, Pennsaid is topical diclofenac solution. Diclofenac is "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." Topical analgesics, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. There are no guidelines on a solution version of topical analgesics. She is currently taking Celebrex and Percocet. There is insufficient documentation on how these medications are working to ease her pain. Since there is insufficient documentation on the use of Celebrex and Percocet and Pennsaid in solution form is for knee arthritis. There is no documentation of knee arthritis. The treatment request for Pennsaid solution is not medically necessary.