

Case Number:	CM15-0173251		
Date Assigned:	09/15/2015	Date of Injury:	08/22/2008
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 58 year old female, who sustained an industrial injury, August 22, 2008. According to progress note of July 30, 2015, the injured worker's chief complaint was neck, lower back and left shoulder pain. The injured worker rated the pain 7 out of 10 with medications and 10 out of 10 without medications. The injured worker's quality of sleep was poor. The injured worker reported the medications were working well and without side effects. The injured worker described the back pain as being kicked in the back. The injured worker was using a cane for balance due to the pain. The physical exam noted restricted range of motion of the cervical spine in all planes. There was paravertebral tenderness, tenderness and tight muscles band on both sides. There was process tenderness noted at L1-L5, S1 and coccyx. The heel to toe walk was normal. The facet loading was positive on both sides. There was tenderness over the sacroiliac spine. The right shoulder had restricted range of motion. The Neer's, Yergason's, drop arm test and Speed's testing were all positive. The injured worker was undergoing treatment for right carpal tunnel surgery, left carpal tunnel surgery, left knee replacement, diabetes mellitus, and injuries to the neck, low back, right shoulder, right arm, bilateral wrists, bilateral hands, bilateral hips and bilateral knees. The injured worker previously received the following treatments transforaminal epidural steroid injection which gave the injured worker 70% relief, Methadone, Senokot-S, Omeprazole, Norco, Trazodone, Enalapril, Oxybutynin, Simvastatin, Venlafaxine, Zolpidem, Baclofen, Clonazepam, psychiatric services, walks twice a day for 20-30 minutes. The RFA (request for authorization) dated July 30, 2015 the following treatments were requested Pennsaid 2% solution, apply 2 times a day to affected areas #1 with 3 refills. The UR (utilization review board) denied certification on August 14, 2015: for the Pennsaid, it was used for osteoarthritis and tendinitis; therefore the Pennsaid was not recommended and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% solution #1 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with neck, lower back, and left shoulder pain. The current request is for Pennsaid 2% solution #1 with 3 refills. The treating physician's report dated 07/30/2015 (6B) states, "Pennsaid 2% solution SIG: Apply 1 bid to tid to affected area as needed QTY: 1.00 REF: 3 refills." The MTUS Guidelines page 111 states that for topical analgesics, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed." MTUS further states that for topical NSAIDs, it has been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. It is indicated for the knee, elbow, or joints that are amenable to topical treatment and is recommended for short-term use 4 to 6 weeks. The physician does not discuss what this solution is to be used for. However, it would appear that the physician is prescribing this medication for the patient's neck, lower back and shoulder. Pennsaid is not recommended for the spine, hip, or shoulder. In this case, the patient does not meet the criteria based on the MTUS guidelines. The current request is not medically necessary.