

Case Number:	CM15-0177465		
Date Assigned:	09/18/2015	Date of Injury:	07/06/2011
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/09/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 33 year old male, who sustained an industrial injury on 07-06-2011. The injured worker is currently working modified duty. Medical records indicated that the injured worker is undergoing treatment for chronic regional pain syndrome in his left leg. Treatment and diagnostics to date has included left sacroiliac injection, lumbar epidural steroid injection, trigger point injection, pelvis MRI, and use of medications. Current medications include Aleve, Flector patch, and Percocet. In a progress note dated 08-05-2015, the injured worker presented for a recheck and reports "stabbing and burning pain by his incision with distal swelling over the past month" and noted having a left sacroiliac injection "just two days ago and has yet to notice a difference". Objective findings included "a slight fluid collection on the distal aspect of the incision which is tender but not warm". The Utilization Review with a decision date of 08-17-2015 denied the request for Pennsaid 2% #2 bottles, per 07-30-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%, quantity: 2 bottles, per 07/30/15 order: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this topical NSAID prescription for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics". Furthermore, MTUS guidelines specifically state regarding topical Non-steroidal anti-inflammatory agents (NSAIDs): "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period". This injured worker has failed a recent sacroiliac injection. He presented to his most recent clinic appointment with mild incisional pain and a small seroma. The medical records do not support that the patient has osteoarthritis or a contraindication to other non-opioid analgesics. Therefore, the request for Pennsaid 2% prescription is not medically necessary and has not been established.