

Case Number:	CM15-0066665		
Date Assigned:	04/14/2015	Date of Injury:	02/01/2014
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 is a 58 year old male, who sustained an industrial injury on February 1, 2014. He has reported neck pain, shoulder pain, and back pain. Diagnoses have included shoulder pain, shoulder strain/sprain, lumbago, and elbow, forearm and wrist injury not otherwise specified. Treatment to date has included medications, physical therapy, acupuncture, psychotherapy, radio frequency rhizotomy, and imaging studies. A progress note dated February 24, 2015 indicates a chief complaint of neck pain, right shoulder pain, and lower back pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%, #1 for the right shoulder: 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): 111-113.

Decision rationale: The patient presents with ongoing pain in the neck and right shoulder, rated 8/10. The request is for Pennsaid 2%, #1 for the right shoulder. There is no RFA provided and the patient's date of injury is 02/01/14. Diagnoses include shoulder pain, shoulder strain/sprain. Per 02/24/15 report, physical examination to the right shoulder revealed restricted range of motion with flexion limited to 140 degrees and abduction limited to 150 degrees. Hawkins and Neer's are positive. The lift-off test is positive. Tenderness is noted in the genohumeral joint. MRI of the right shoulder performed on 06/12/14, revealed moderate subscapularis tendinosis with a small distal interstitial tear. Advanced acromioclavicular joint arthrosis and mild arthrosis of the glenohumeral joint. Medications include Pennsaid 2%, Tramadol, Zanaflex and Celebrex. The patient is temporarily totally disabled. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics under the section on "topical NSAIDs" states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Per provided medical report, the patient was prescribed Pennsaid 2% at least since 12/23/14. Treater prescribed Pennsaid 2% to be applied to the right shoulder twice daily. Pennsaid is indicated for peripheral joint arthritis tendinitis and MTUS states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Furthermore, the treater does not discuss how this Pennsaid decreases pain and improves function, as required by MTUS. On-going use of medications are not recommended without documentation of its effectiveness. Therefore, the request is not medically necessary.