

Case Number:	CM15-0075759		
Date Assigned:	04/27/2015	Date of Injury:	04/03/2003
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, New York, 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 3, 2003. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for topical Pennsaid. An order form dated March 24, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 20, 2015, the applicant reported ongoing complaints of low back pain, 8/10. The applicant's medication list included Duragesic, MiraLax, Neurontin, Norco, Prilosec, and topical Pennsaid, several of which were renewed and/or continued. The attending provider maintained that the applicant's medications had proven beneficial. The applicant was status post earlier gastric bypass surgery, it was reported. Multiple medications were renewed. The applicant's work status was not outlined, although it did not appear that the applicant was working. In an earlier note dated April 22, 2015, the applicant again reported ongoing complaints of low back pain. The attending provider stated that the applicant's medications were beneficial in terms of improving the applicant's ambulation, it was stated in one section of the note. The applicant was, however, described as using a cane in the objective section of the report. The applicant was severely obese, with a BMI of 39, it was reported. Duragesic, MiraLax, Neurontin, Norco, Prilosec, and Pennsaid were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 20 mg/gram/actuation metered dose pump, 112 bottle with one refill, provided on March 24, 2015: 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 Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical Pennsaid was not medically necessary, medically appropriate, or indicated here. Pennsaid is a derivative topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines note that topical diclofenac/Voltaren has "not been evaluated" for treatment of the spine, hip, or shoulder. Here, however, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a widespread region not readily amenable to topical application. The attending provider did not furnish a compelling rationale for selection of topical diclofenac/Voltaren/Pennsaid in the face of the tepid-to-unfavorable MTUS position on the same for the body part in question, the lumbar spine. Therefore, the request was not medically necessary.