

Case Number:	CM15-0095209		
Date Assigned:	05/21/2015	Date of Injury:	07/10/2013
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 injured worker is a 49 year old female, who sustained an industrial injury on 7/10/13. She reported right elbow and right shoulder pain. The injured worker was diagnosed as having elbow pain, lateral epicondylitis, shoulder pain, ulnar neuropathy, and spasm of muscle. Treatment to date has included physical therapy, TENS, ice application, and medications including Norco, Fenoprofen, Neurontin, and Terocin patches. A physician's report dated 5/6/15 noted pain was rated as 7/10 with medications and 8/10 without medications. The treating physician noted Pennsaid was a failed medication noting it was no help when used in the past. At that visit the injured worker complained of right shoulder pain, right elbow pain, neck pain, and right wrist pain. Current medications were listed as: Norco 5/325, fenoprofen, Neurontin, pantazole and Terocin Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% Solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 22, 67-73, 111-13. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. *Phys Sportsmed.* 2013 May; 41(2):64-74.

Decision rationale: Pennsaid 2% Solution (diclofenac solution) is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. This patient has been diagnosed with tendon inflammatory conditions in her elbow and shoulder so use of an NSAID may be beneficial. However, she is presently taking an oral NSAID. In addition, a prior trail of topical NSAID (topical diclofenac) was not effective. There is no scientific literature to support improved pain control with the simultaneous use of a topical and an oral NSAID. Given all the above information, medical necessity for use of this preparation has not been established.