MAXIMUS Federal Services

| Case Number: | CM15-0097345 | | |
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| Date Assigned: | 07/15/2015 | Date of Injury: | 11/25/2001 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 05/02/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

## 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: New York
Certification(s)/Specialty: Anesthesiology

## 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 50 year old, female who sustained a work related injury on 11-25-01. The diagnoses have included chronic neck pain and myofascial pain. Treatments have included trigger point injections, oral medications, medicated creams and gels, Lidocaine patches, TENS unit therapy, home exercises, and cervical traction. In the Primary Treating Physician's Progress Report dated 4-9-15, the injured worker complains of continued neck/upper back pain with headaches. She complains of some low back pain. She complains of continued left hand numbness. She states pain is helped with use of Voltaren gel, lidocaine patches, trigger point injections and cervical traction. She states Elavil helps with pain and sleep. Upon physical examination, trigger points are palpated in bilateral upper trapezius muscles and bilateral cervical paraspinal muscles. She is working modified duty. The treatment plan includes a prescription to start Pennsaid drops.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% drops #112:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Pennsaid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Per CA MTUS guidelines, Pennsaid is topical diclofenac solution. Diclofenac is "indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Topical analgesics, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. There are no guidelines on a solution version of topical analgesics. She is currently using Voltaren gel and is getting some pain relief from its use. There is little evidence that supports the medication use in the treatment of chronic low back pain. There are no guidelines for Pennsaid in solution form. Because of these reasons, the treatment request for Pennsaid solution is not medically necessary.