

Case Number:	CM13-0024624		
Date Assigned:	11/20/2013	Date of Injury:	05/08/2013
Decision Date:	01/03/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

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 IMR application lists the injury date as 5/8/13 and shows a dispute with the 9/5/13 UR decision. The 9/5/13 UR decision is from [REDACTED] and is denying the Pennsaid topical solution, 1.5%, 300ml. UR denied this because they did not have access to any medical reports. 563 pages of records are provided for this IMR. The case involves a 52 YO, F who slipped and fell backwards on 5/8/13, and injured her right elbow, right 4th finger, back and right hip. The 5/16/13 x-ray of the right elbow showed calcific tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of PENNSAID SOLN 1.5% non-formulary QTY: 300: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: MTUS guidelines recommend short-term use (4-12 weeks) of topical NSAIDs for joints amenable to topical treatment. MTUS states they are used for osteoarthritis and tendinitis. This patient has calcific tendinitis of the right elbow. The initial request for Pennsaid topical is from [REDACTED] on 8/21/13. The request for Pennsaid 1.5% topical solution, appears to be in accordance with the MTUS guidelines for topical NSAIDs

