

<b>Case Number:</b>	CM13-0029404		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40 year old female who reported an injury on 03/24/2010. The mechanism of injury was a laceration from a piece of glass. The patient received physical therapy, occupational therapy, multiple surgeries to her left arm and wrist, ganglion blocks, and was diagnosed with Complex Regional Pain Syndrome. She is on a multifaceted pain management regime and was noted to be permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 40 QHS to skin QID #2 bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The California MTUS Guidelines recommend the use of topical analgesics as an option in the treatment of neuropathic or arthritic pain. Topical nonsteroidal anti-inflammatory drugs (NSAIDs) in particular, are shown only to be effective in the first two weeks of use for osteoarthritis or tendinitis of the joints. Currently, the only approved topical NSAID is Voltaren (diclofenac) Gel 1%. Pennsaid is a 1.5% formulation of diclofenac and, therefore,

exceeds guideline recommendations. As such, the request for Pennsaid 40 gtts to skin QID #2 bottles is non-certified.