

Case Number:	CM13-0060487		
Date Assigned:	12/30/2013	Date of Injury:	04/02/2006
Decision Date:	06/24/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is Board Certified in Aesthesiology has a subspecialty in Pain Magement 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 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/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:

This is a 59-year-old female patient with a 04/02/2006 date of injury. She was punching holes in the papers to put in the folder. In the process, she felt pain in the wrist/hand region, with radicular pain towards the elbow. 10/27/2012 office progress report indicated that the patient complained of left wrist, forearm pain, numbness through the ulnar nerve distribution. She was diagnosed with wrist tendinitis, flexure carpi ulnaris tendinitis, probable ulnar neuropathy on the left with normal EMG and nerve conduction study. On physical exam, there was mild generalized swelling of the dorsal wrist region as compared to the right wrist. There was also some mild prominence of the left distal ulnar the radial ulnar join suspicious for mild subluxation as compared to the right. She was prescribed Flexeril 10 mg, Neurontin 300 mg, Ultram 50mg, and compound pain lotion 2g to the skin. 7/16/07 left wrist MRI indicates mild subchondral cystic changes at the ulnar aspect of the proximal lunata. There is documentation of a previous adverse determination on 12/21/2013 due to of lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID 1.5% SOLUTION, #150ML X3: 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 Chronic Pain Medical Treatment Guidelines Topical NSAIDs, Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, α agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor in topical compound formulations. ODG states that Pennsaid (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide) is FDA-approved for osteoarthritis of the knee. However, ODG then goes on to state that Pennsaid is not recommended as a first-line treatment; topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. This patient presented with pain in the wrist/hand, which radiates toward the elbow. She was prescribed Flexeril, Neuronitin, Ultram. However, there was no evidence that medical first-line therapy had failed. Therefore, the request for Prescription of Pennsaid 1.5% Solution, #150ml/30 Days with 2 Refills is not Medically Necessary.