MAXIMUS Federal Services

| Case Number: | CM14-0038777 | | |
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| Date Assigned: | 06/27/2014 | Date of Injury: | 06/16/2008 |
| Decision Date: | 12/23/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

## 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 Physical Medicine & 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 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:

The patient is a 44 years old female with an injury date of 06/16/08. Based on the 03/10/14 progress report provided by treating physician, the patient complains of severe bilateral elbow pain rated 8/10 with and 10/10 without medications. Physical examination to the bilateral wrists revealed maximum tenderness to palpation to the bilateral mid and proximal wrist joints. Per progress reports dated 11/12/13 and 03/10/14, patient's medications include Norco, Pennsaid, Simvastin, Lisinopril, fish oil, Lasix, Omeprazole, Pepcid and Verapamil HCl. Pennsaid is to be applied to the hand, 10 drops QID. Patient is permanent and stationary.Diagnosis on 06/16/08:- superior glenoid labrum lesion- carpal tunnel release- pain in joint involving forearm- sprains and strains of shoulder and upper arm- pain in joint involving shoulder region- myalgia and myositis, unspecified- anemia- hyperlipidemia- carpal tunnel syndrome- spinal stenosis in cervical region- COAT- pain in joint involving hand- chronic pain syndrome- pain in limb- disorders of bursae and tendons in shoulder region- lateral epicondylitis- hypertension, unspecified- bilateral rotator cuff repair- chronic pain due to trauma- insomnia, other- cervical strain- rotator cuff (capsule) sprainThe utilization review determination being challenged is dated 03/26/14. Treatment reports were provided from 11/12/13 - 03/19/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MED Pennsaid 1.5% quantity 2 refills 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Treatment workers' compensation pain

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

**Decision rationale:** The patient presents with severe bilateral elbow pain rated 8/10 with and 10/10 without medications. The request is for Med Pennsaid 1.5% Quantity 2 Refills 4. Patient is status post carpal tunnel release and bilateral rotator cuff repair. Patient's diagnosis dated 06/16/08 included lateral epicondylitis, pain in joint involving forearm, carpal tunnel syndrome, and sprains and strains involving forearm and shoulder. Per progress reports dated 11/12/13 and 03/10/14, patient's medications include Norco, Pennsaid, Simvastin, Lisinopril, fish oil, Lasix, Omeprazole, Pepcid and Verapamil HCl. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed."Topical Analgesics: Non-steroidal antinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period."Per progress report dated 03/10/14, treater states that Pennsaid is to be applied to the hand, 10 drops QID. Patient's diagnosis dated 06/16/08 included lateral epicondylitis, pain in joint involving forearm, carpal tunnel syndrome, and sprains and strains involving forearm and shoulder. Pennsaid would be indicated for peripheral joint arthritis/tendinitis which this patient presents with, however MTUS recommends topical NSAIDs for short term duration. Pennsaid has been prescribed in progress report dated 11/12/13, which is 4 months from the UR date of 03/26/14. The request for quantity 2 with 4 refills does not indicate intended short term use. Furthermore, treater has not discussed how this medication decreases pain and improves function, as required by MTUS. The request is not medically necessary.