

Case Number:	CM14-0054070		
Date Assigned:	07/07/2014	Date of Injury:	09/12/2013
Decision Date:	08/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 24-year-old female with a 9/12/13 date of injury. At the time (3/31/14) of the request for authorization for 1 Pennsaid (Diclofenac) 2% Topical Solution, there is documentation of subjective (pain in both thumbs, abnormal sensations in the palm and dorsal aspects of both hands, forearm pain, dull lateral elbow pain, shoulder and shoulder blade pain, and neck pain with radiating pain to upper extremities) and objective (medial epicondyle tenderness, lateral epicondyle tenderness, resisted wrist and finger extension causes pain bilaterally, forearm flexor tenderness to palpation, positive forearm compression bilaterally, positive Durkan's carpal tunnel compression bilaterally, Phalen's wrist flexion on the right, Tinel's at volar wrist bilaterally, decreased sensation median nerve distribution bilaterally) findings, current diagnoses (repetitive strain injury of thumb, hands, wrists, forearm, elbows, and neck; suspect carpal tunnel syndrome; and delayed recovery from Kelly Services September 12, 2013 injury), and treatment to date (medication including Lyrica and Naproxen). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pennsaid (Diclofenac) 2% Topical Solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Pennsaid® (diclofenac sodium topical solution).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. The Official Disability Guidelines (ODG) identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of topical diclofenac. Within the medical information available for review, there is documentation of diagnoses of repetitive strain injury of thumb, hands, wrists, forearm, elbows, and neck; suspect carpal tunnel syndrome; and delayed recovery from his September 12, 2013 injury. In addition, there is documentation that Pennsaid is used as a second line treatment. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 1 Pennsaid (Diclofenac) 2% Topical Solution is not medically necessary.