

<b>Case Number:</b>	CM14-0073300		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 57-year-old female with a date of injury on 4/5/2011. Subjective complaints are of bilateral hand pain that has remained unchanged from prior visits. Physical exam shows bilateral positive Phalen's and Tinel's sign, and tenderness over the right metacarpal phalangeal thumb joint. The left hand had tenderness and painful range of motion at the proximal thumb joint, and triggering of the middle finger. There was negative Finkelstein's test bilaterally. There was some left arm decreased motor strength, and decreased light touch in bilateral C5-7 dermatomes. The patient has been using Pennsaid solution the hand, and it was noted to be helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5% solution with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DICLOFENAC GEL Page(s): 111-112.

**Decision rationale:** CA MTUS states that diclofenac gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, knee, foot, hand, and

wrist). For this patient, topical diclofenac has been utilized for the finger/hands and has documented effectiveness. Therefore, the continued use of diclofenac gel is consistent with guideline recommendations, and is medically necessary.