MAXIMUS Federal Services

Case Number:	CM14-0077673		
Date Assigned:	07/16/2014	Date of Injury:	07/30/2008
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 51 year old male who is reported to have sustained cumulative trauma injuries to his upper extremities as a result of operating heavy equipment on 07/30/2009. Per the most recent evaluation, the injured worker has a diagnosis of right trigger thumb. Right shoulder superior labrum anterior posterior (SLAP) lesion extending to and partially tearing but not avulsing the biceps anchor and extending to the anterior and posterior mid labrum, a partial undersurface and interstitial tear of the supraspinatus tendon with up to one centimeter of retraction of the torn fibers. Carpal tunnel syndrome bilaterally is noted. Forearm myofascial tension with compression of the median nerves in the forearm. It is noted that the injured worker is pending right shoulder steroid injection. He is noted to perform range of motion exercises for shoulder flexion. Right shoulder weakness graded as 4/5 is noted. He is further noted to have positive impingement signs. Tenderness over the medial and lateral aspects of the right elbow is noted. Sensation is noted to be reduced in the right C6 and bilateral median nerve distribution. The record reflects that the injured worker works 45 hours per week. Clinical documents note that the injured worker applies Pennsaid solution 2% to his bilateral hands and subsequently is noted to have improvement in his bilateral hand pain. The record contains a utilization review determination dated 04/23/14 in which a request for Pennsaid solution 2% was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Solution 2%,1 bottle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-113; 67-73.

Decision rationale: The request for Pennsaid solution 2%, 2 pumps to painful area bid: 1 bottle is recommended as medically necessary. Pennsaid solution is diclofenac. Per the US FDA, this solution is approved for transdermal use to treat knee osteoarthritis and pain. The records indicate that the injured worker receives substantial benefit with this solution as he is noted to be working 45 hours per week as a heavy equipment operator. As such, it is clear that the injured worker receives benefit from this topical medication, and therefore, should be continued and found to be medically necessary.