

Case Number:	CM14-0088046		
Date Assigned:	07/23/2014	Date of Injury:	02/01/2007
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 70-year-old female with a 2/1/07 date of injury. At the time (5/12/14) of request for authorization for Pennsaid 1.5% topical solution QTY: 300ml with 12 refills, there is documentation of subjective (severe pain in neck, difficulty turning head from side to side, and increased pain and numbness in both hands) and objective (very guarded range of motion of cervical spine approximately 25% of normal, tenderness to palpation over interscapular area, positive impingement and adduction sign bilateral shoulders, tenderness to palpation over anterior aspect of right shoulder, tenderness to palpation over basal joint of right thumb, Tinel's sign positive at medial aspect of bilateral elbows, tenderness to palpation over bilateral medial and lateral epicondyles, and Tinel's, Phalen's, and compression sign positive at bilateral wrist) findings, current diagnoses (cervicobrachial syndrome with cervical spondylitis-flare up, chronic overuse pain syndrome involving neck and both upper extremities, increasing pain and numbness, both hands, right carpal tunnel syndrome with cubital tunnel syndrome, clinical left carpal tunnel syndrome with cubital tunnel syndrome, neck pain associated with headaches and dizziness, pantrapezial arthritis, and bilateral wrist and forearm myofascitis/epicondylitis), and treatment to date (physical therapy and home exercise program). There is no documentation of the intention to treat over a short course 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:

Pennsaid 1.5% topical solution QTY: 300ml with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical NSAIDs Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web: updated 04/10/14).

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, Topical analgesics.

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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of cervicobrachial syndrome with cervical spondylitis-flare up, chronic overuse pain syndrome involving neck and both upper extremities, increasing pain and numbness, both hands, right carpal tunnel syndrome with cubital tunnel syndrome, clinical left carpal tunnel syndrome with cubital tunnel syndrome, neck pain associated with headaches and dizziness, pantrapezial arthritis, and bilateral wrist and forearm myofascitis/epicondylitis. In addition, given documentation of a diagnosis of pantrapezial arthritis, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (hand). However, there is no documentation of the intention to treat over a short course (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Pennsaid 1.5% topical solution QTY: 300ml with 12 refills is not medically necessary.