

Case Number:	CM15-0003709		
Date Assigned:	01/14/2015	Date of Injury:	03/21/2012
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial injury on 3/21/12. He has reported pain in the left shoulder and hand. The diagnoses have included diabetes, left shoulder pain, anxiety, left long finger pain, dysfunction and numbness. Treatment to date has included fracture repair of the left middle finger, TENs unit, oral and topical medications. As of the progress note on 12/12/14, the injured worker presented with mild swelling and atrophy of the left hand and tenderness in the left shoulder. The treating physician is requesting to continue with the current medications including Pennsaid 1.3% for pain control. The injured worker is also taking Norco, diclofenac topical solution and Neurontin for pain management. On 12/5/14 Utilization Review non-certified a prescription request for Pennsaid 1.3%. The UR physician cited the ODG guidelines and medical necessity. On 1/8/15, the injured worker submitted an application for IMR for review of Pennsaid 1.3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.3%: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pennsaid

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Diclofenate Page(s): 67-72, 111-13.

Decision rationale: Diclofenac topical solution (Pennsiad) is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. Since this patient is unable to take oral NSAIDs use of a topical NSAID may be helpful in controlling this patient's disease process. There is no documentation in his medical records that he is using other topical agents. Medical necessity for use of this preparation has been established.