

Case Number:	CM15-0007398		
Date Assigned:	01/26/2015	Date of Injury:	06/05/2014
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old female, who sustained a work related injury on 6/5/14. The diagnoses have included right C6-7 radiculopathy, right AC degenerative joint disease, right shoulder impingement and right lateral epicondylitis. Treatments to date have included right shoulder subacromial cortisone injection, physical therapy and oral medication. She complains of right elbow pain with intermittent numbness to index, long and ring fingers. The injured worker complains of right shoulder pain that goes from anterior to posterior. She rates the pain a 6-7/10 on medication and 9/0 without medication. On 12/11/14, Utilization Review non-certified a prescription request for Pennsaid for right lateral epicondylitis. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid for right lateral epicondylitis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid for right lateral epicondylitis is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Pennsaid is diclofenac topical solution 1.5%. Pennsaid is FDA approved for osteoarthritis of the knee. In this case, the injured worker's working diagnoses are right C6-C7 radiculopathy; right AC DJD; right shoulder impingement; and right lateral epicondylitis. Subjectively, the injured worker complains of right anterior shoulder pain extending to the right trapezius. Pain is 6- 7/10 with medications and increases the 9/10 without medications. Each worker complains of right elbow pain with intermittent numbness along the index, long and ring finger. Objectively, the elbow has a normal contour and no swelling is present. There is tenderness to palpation over the right lateral condyle. Pennsaid is indicated and FDA approved for osteoarthritis of the knee. The documentation does not contain evidence of osteoarthritis in the knee. Consequently, absent clinical documentation with an appropriate clinical indication and FDA approval, Pennsaid for the right lateral epicondylitis is not medically necessary.