

Case Number:	CM15-0109157		
Date Assigned:	06/15/2015	Date of Injury:	12/05/2012
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, 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 applicant is a represented 27-year-old who has filed a claim for chronic arm, wrist, elbow, and hand pain reportedly associated with an industrial injury of December 5, 2012. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for topical Pennsaid. The claims administrator referenced a RFA form received on May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported progressively worsening arm, wrist, elbow, and hand pain times the preceding two years. The applicant had had occupational therapy. The applicant was apparently working as a lobbyist and campaigner, it was reported. The applicant has undergone earlier ulnar nerve transposition surgery and as well as a steroid injection in the carpal tunnel region. In another section of the note, it was stated that the applicant was now working for a new employer. The applicant's was exercising on a regular basis, it was further noted. The applicant was given an operating diagnosis of elbow pain secondary to ulnar neuropathy. Topical Pennsaid was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% Solution QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic pain Page(s): 112.

Decision rationale: No, the request for topical Pennsaid, a derivative of topical diclofenac/Voltaren, was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Pennsaid/diclofenac/Voltaren are "not recommended" in the treatment of neuropathic pain as there is no evidence to support usage. Here, the attending provider did state that the applicant's operating diagnosis on the date in question, March 12, 2015, was ulnar neuropathy, i.e., a neuropathic pain complaint for which topical NSAIDs such Pennsaid are "not recommended," per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.