MAXIMUS Federal Services

Case Number:	CM15-0132495		
Date Assigned:	07/20/2015	Date of Injury:	01/13/2014
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54-year-old female who sustained and industrial injury on 1/13/14. She had complaints of neck, arms, hands and back. Treatments include: medication, physical therapy and injections. Progress report dated 5/21/15 reports continued complaints of bilateral wrist and hand pain rated 7/10 without medications. The injured worker wears a left wrist splint to support the hand and cannot bend her thumb. Diagnoses include: radial styloid tenosynovitis, hand pain, joint pain and degenerative joint disease. Plan of care includes: request ergonomic evaluation and implementation of work space, continue wearing left wrist splint during times of sleep, follow through with upcoming cortisone injection to left wrist, discontinue voltaren gel, trial pennsaid 2% solution 3 times per day topically as needed for right hand pain, defer neuropathic medication as this time, request acupuncture 6 sessions, continue home exercise program, request evaluation and treatment with orthopedic surgeon, consider steroid injection. Work status: permanent and stationary, written off work 3/23/15 through 5/22/15, working full time. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% solution TID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pennsaid.

Decision rationale: Regarding the request for Pennsaid 2% solution TID PRN, Occupational Medicine Practice Guidelines do not address Pennsaid specifically, but do contain criteria for topical NSAIDs. ODG states Pennsaid is not recommended as a first-line treatment. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Pennsaid. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred. Finally, Pennsaid is FDA approved for osteoarthritis of the knee, which there is no indication the patient has or is taking the medicine for such condition. In the absence of such documentation, the currently requested Pennsaid 2% solution TID PRN is not medically necessary.