

Case Number:	CM15-0135965		
Date Assigned:	07/23/2015	Date of Injury:	06/30/2012
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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, California
 Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 06/30/2012. There was no mechanism of injury documented. The injured worker was diagnosed with right lateral epicondylitis, right wrist De Quervain's tenosynovitis and right thumb carpometacarpal synovitis. The injured worker has a medical history of hypertension. No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, splints, counterforce brace, occupational therapy and medications. According to the primary treating physician's progress report on April 15, 2015, the injured worker continues to experience some pain in the right elbow, wrist and thumb. Examination demonstrated full range of motion of the right shoulder, elbow, and wrist/hand and was able to make a full fist. There was mild tenderness to the lateral epicondyle and maximal tenderness over the first dorsal extensor compartment with positive Finklestein's test. The thumb carpometacarpal joint was negative for grind with 2 to 3 cross intact. Sensation to the median, radial and ulnar nerve distribution was intact with positive pulses. Jamar grip strength with 25 on the right and 75 on the left was documented. A corticosteroid/lidocaine injection was administered into the first dorsal extensor compartment at the office visit. Current medications were not noted. Treatment plan consists of Platelet Rich Plasma injection to the right elbow and the current request for Pennsaid 2% solution. The patient sustained the injury due to cumulative trauma. Per the note dated 7/31/15, the patient had complaints of pain in the right elbow. Physical examination of the right elbow revealed tenderness on palpation, full ROM of the right shoulder. Patient was certified for Platelet Rich Plasma injection to the right elbow. The medication list includes

Voltaren gel and Aspirin. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid solution 2%, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID medication Page(s): 60, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: PENNSAID (Diclofenac sodium topical solution) 2% w/w is a nonsteroidal anti-inflammatory drug (NSAID) used in topical form for treating the pain of osteoarthritis of the knee(s). According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. An intolerance or contraindication to oral medications was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Documentation of response of oral pharmacotherapy in conjunction with other rehabilitation therapy was not specified in the records provided Pennsaid solution 2%, #1 is not medically necessary for this patient.