

Case Number:	CM15-0141724		
Date Assigned:	07/31/2015	Date of Injury:	10/04/2014
Decision Date:	09/04/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, 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 30 year old male, who sustained an industrial injury on 10-04-2014. He has reported injury to the left thumb and bilateral upper extremities. The diagnoses have included painful hand; and closed fracture of phalanx of thumb with routine healing. Treatment to date has included medications, diagnostics, splinting, and physical therapy. A progress note from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. The injured worker reported persistent pain and physical impairment of the bilateral upper extremities, worst at the left thumb; consistently high level of pain in his left upper extremity, rated at 10 out of 10 on the pain scale; usually the pain would stop at the level of the elbow and biceps; without analgesics, life was difficult; left upper extremity was only a helping hand, everything depending on the right side; in the past month, even the right upper extremity was hurting from over-compensating, affecting his neck and shoulder; and he continued to work in a modified capacity. Objective findings included guarding of his left hand held in front of his body, an aluminum splint over his thumb; full muscle strength throughout without drift upper or lower extremities; sensation was intact; range of motion of both shoulders, elbow, forearm and wrist motion was satisfactory; he was reluctant to move his left thumb, passive motion entirely normal; significant finding was left hand intrinsic muscle atrophy affecting thenar muscles and first dorsal interosseous; he had difficulty even opposing thumb to other digits; digits abduction and adduction strength was markedly diminished; left hand felt cool to touch; sensation was impaired in the thumb, two-point discrimination or pinprick sensation using pinwheel, markedly diminished; grip strength measurements on the left were decreased; and index thumb pinch

strength was not able to be measured on the left. The treatment plan has included the request for Pennsaid 2 percent for 1 month supply, 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2 percent for 1 month supply, 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 11-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are 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; Pennsaid is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There is diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Pennsaid with 1 month refill is not medically necessary.