

Case Number:	CM15-0164102		
Date Assigned:	09/01/2015	Date of Injury:	11/14/2014
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 60 year old female who sustained a work related injury November 14, 2014. While walking, she was struck by a pick-up truck with injury to her right foot and ankle. She has received 18 sessions of physical therapy, which provided pain relief and a steroid joint injection to the right ankle, providing moderate relief of pain. Past history included hepatitis B and right carpal tunnel surgery July, 2009. According to a primary treating physician's progress report, dated July 10, 2015, the injured worker presented for a follow-up and rated her pain a 2 out of 10 without medication and a 0 with medication. Current medication is documented as Pennsaid 1.5%. Her pain is located in the right hand and right foot and ankle. Objective findings included; gait antalgic and slowed without the use of an assistive device; right ankle- scar on the posterior to lateral malleolus with tenderness to palpation; range of motion lacking 5 degrees plantar flexion and 10 degrees dorsiflexion; sensory is decreased in the right lateral ankle. Diagnosis is documented as pain in limb. Treatment plan included pending further physical therapy, and at issue, a request for authorization for Pennsaid 20mg-G (2%) Topical NSAID #336-90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 20mg/g (2%) topical NSAID #336/90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical agents Page(s): 111.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical Pennsaid 20 mg/g (2%) topical NSAID #336/90 days is not medically appropriate and necessary.