

Case Number:	CM15-0185755		
Date Assigned:	09/25/2015	Date of Injury:	03/29/2013
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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 65 year old female, who sustained an industrial injury on 3-29-2013. The injured worker was diagnosed as having carpometacarpal arthritis. Treatment to date has included bracing, steroid injections, medications, and therapy. Currently (8-11-2015), the injured worker complains of an "episode of swelling of the hands over the weekend and had significant decrease". She reported swelling and numbness in the left index and hypothenar eminence, noting that pain and soreness were worse with activities and better with rest. On the right side, she had some tenderness around the elbow that flared up (history of subcutaneous transposition of the ulnar nerve), with tenderness. Symptoms were worse with activities and better with rest. Pain was not rated but described as "mild-to-moderate" on the right. Exam of the right upper extremity noted tenderness at the ulnar nerve and subcutaneous transposition of the elbow. Abductor pollicis brevis, interosseous, and extensor pollicis longus were intact in the hand and stable bilaterally. Range of motion was intact bilaterally. Palpation was painful to the thumb and swelling was "largely resolved". The left side noted "some very residual swelling in the hand with mild pain at the CMC joint". No numbness or tingling was noted bilaterally. Current medication regimen, if any, was not documented. It was documented that she had a history of hypertension and oral anti-inflammatory medications would be avoided. She was recommended and dispensed a sample of topical anti-inflammatory medication. The use of Flexeril and Tylenol was referenced in the progress report dated 3-03-2015, noting poor tolerance to oral anti-inflammatory medications with angioedema. Per the request for

authorization dated 8-24-2015, the treatment plan included Pennsaid 2%, which was non-certified by Utilization Review on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pennsaid 2% with a dos of 8/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 have arthritis but has been on varied topical analgesics containing NSAIDS over the past 2 years. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The use Pennsaid is not medically necessary.