

Case Number:	CM15-0194923		
Date Assigned:	10/08/2015	Date of Injury:	05/02/2014
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 an industrial injury on 5-2-14. The injured worker was diagnosed as having carpal tunnel syndrome, trigger finger, and hand pain. Treatment to date has included multiple trigger thumb injections, right trigger thumb release on 12-5-14, right carpal tunnel release on 6-24-15, at least 9 hand therapy sessions, a home exercise program, and medications including NSAIDs. On 9-15-15, the treating physician noted "light stroke sensory testing is decreased in thumb, index, and long". Other physical exam findings on 9-15-15 included restricted wrist range of motion, positive left carpal tunnel Durkan's compression test, negative Tinel's test, and positive Phalen's test. The injured worker's pain ratings were not noted in the provided medical records. On 9-15-15, the injured worker complained of pain along the palm and forearm as well as tingling and numbness in the fingers. On 9-17-15, the treating physician requested authorization for Pennsaid 2% topical gel #1 bottle with 2 refills. On 9-24-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% topical gel Qty 1 bottle with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS notes: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Therefore, the request is not medically necessary.