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| Case Number: | CM15-0034952 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 11/29/2012 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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 Jersey, New York
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 49 year old female, who sustained an industrial injury on 11/29/12. On 2/24/15, the injured worker submitted an application for IMR for review of Pennsaid transdermal 2% with 2 refills. The treating provider has reported the injured worker complained of left arm pain chronic in nature. The diagnoses have included distal biceps muscular tenderness strain; distal biceps tendinosis. Treatment to date has included physical therapy; medications; platelet rich plasma injection left distal biceps tendon (9/30/14); medications. On 1/30/15 Utilization Review non-certified Pennsaid transdermal 2% with 2 refills. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Transdermal 2% with 2 refills: 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): 111 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Diclofenac, topical.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental with few RCTs to determine efficacy or safety. It is primarily recommended for neuropathic pain which this patient does not seem to have. There is little evidence for the use of topical NSAIDs with the patient's complaint. It is not recommended as first-line treatment but may be an option if there is a risk of adverse effects from oral NSAIDs. However, there was no documentation of adverse effects with oral NSAIDs. Therefore, the request is not medically necessary.