

Case Number:	CM15-0036493		
Date Assigned:	03/05/2015	Date of Injury:	03/31/2011
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who sustained an industrial injury on 3/31/11 the result of repetitively lifting heavy objects. She currently complains of right upper extremity pain, right shoulder pain, right wrist and hand pain with numbness and tingling at the wrist radiating to her thumb and shoulder. Medications include Naprosyn, which was mildly effective. Diagnoses include myofascial pain; overuse syndrome; right wrist pain sprain/ strain; right elbow pain, likely epicondylitis and sprain/strain; cervical spine sprain/strain with cervical radiculitis; right shoulder sprain/strain; Treatments to date include transcutaneous electrical nerve stimulator unit, unable to determine effect; 18 sessions of hand therapy with excellent relief. Diagnostics include MRI shoulder/arm/wrist unknown time and location; electromyography/nerve conduction study- uncertain date. In the progress note dated 1/29/15 the treating provider recommends a trial of Pennsaid pump for topical inflammatory pain relief. On 2/5/15 Utilization Review non-certified the requests for Pennsaid 2 % Pump 20 mg /Gram/Actuation (2%) #1, citing MTUS: Chronic Pain Medical Treatment Guidelines: Topical Analgesics: Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2 Percent Pump 20 MG/Gram/Actuation (2 Percent) #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 03/31/2011 and presents with pain in her right upper extremity, right shoulder, right wrist, and right hand. The request is for PENNSAID 2% PUMP 20 mg/g/actuation (2%) #1 for topical inflammatory pain relief. The RFA is dated 01/29/2015 and the patient is permanent and stationary. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics under the section on topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Regarding the right shoulder, the patient has a restricted range of motion, positive Hawkins test, positive Neer's test, pain to triceps muscle with shoulder cross over test, positive belly press test, pain to triceps with testing empty can's test, and tenderness over the biceps/triceps. In regards to the right elbow, there is tenderness to palpation over the lateral epicondyle and medial epicondyle. Tinel's sign is positive. For the right wrist, Phalen's sign is positive and there is tenderness to palpation over the volar aspect. There is no indication that the patient having joint arthritis and tendinosis. MTUS does not recommend topical NSAIDs for the shoulder or spine. Therefore, the requested Pennsaid IS NOT medically necessary.