

Case Number:	CM15-0047310		
Date Assigned:	03/19/2015	Date of Injury:	07/07/2014
Decision Date:	04/24/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/12/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female, who sustained an industrial injury on 07/07/2014. She reported injury to the right thumb and right shoulder. The injured worker was diagnosed as having right acromioclavicular joint arthralgia; and right carpometacarpal joint inflammation and osteoarthritis. Treatment to date has included medication, diagnostic testing, splinting, cortisone injections, occupational therapy, and physical therapy. A progress report from the treating provider, dated 02/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right thumb pain that radiates to the right shoulder, with occasional spasming of the right thumb; pain is rated 5/10 on the visual analog scale; and she had temporary improvement of her pain for one month with a cortisone injection. Objective findings included trace edema to the radial side of her right wrist; tenderness to the carpometacarpal joint and acromioclavicular joint; and range of motion is limited. The treatment plan includes splinting, corticosteroid injection, and Pennsaid 2% (topical NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% (topical NSAID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. There is no evidence of efficacy of Pennsaid for the treatment of the cervical, back, knee and shoulder pain. In addition, there is no evidence of long term benefit of topical NSAID. There is no documentation reflecting intolerance or failure of first-line medications. There is no rationale as to why the powder form of the medication is necessitated over the recommended oral form. Based on the above, the prescription of Pennsaid 2% is not medically necessary.