

Case Number:	CM15-0056140		
Date Assigned:	04/01/2015	Date of Injury:	06/14/2007
Decision Date:	05/04/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old male, who sustained an industrial injury on June 14, 2007. The injured worker had reported low back pain and bilateral hand pain. The diagnoses have included bilateral lateral epicondylitis; lumbago and bilateral hand trigger fingers. Treatment to date has included medications, radiological studies, a transcutaneous electrical nerve stimulation unit and bilateral elbow surgery. Current documentation dated December 23, 2014 notes that the injured worker reported back pain and bilateral hand pain. The injured worker was noted to have a history of loss of disc space at lumbar five-sacral one. Physical examination of the right elbow revealed tenderness over the lateral epicondyle and on the left elbow revealed lateral tenderness. Examination of the left hand showed trigger fingers of the third and fourth fingers with popping and clicking at the A1 pulley. Right hand examination revealed third and fourth finger popping and clicking at the A1 pulley. The treating physician's plan of care included a request for the medication Pennsaid 2% solution to be applied topically to the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% solution, apply topically, once every 8 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pennsaid, Topical Analgesics.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. ODG states regarding Pennsaid, "Not recommended as a first-line treatment. See the Diclofenac Sodium listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations." Treating physician does not detail any failure or contraindication of oral NSAID as NSAIDs are still taken by the patient and does not meet guidelines. As such, the request for Pennsaid 2% solution, apply topically, once every 8 hours is not medically necessary.