

Case Number:	CM15-0057119		
Date Assigned:	04/01/2015	Date of Injury:	08/28/2001
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/25/2015

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 54 year old female, who sustained an industrial injury on August 28, 2001. She reported injuries of the bilateral wrists, bilateral hands, and bilateral elbows. The injured worker was diagnosed as having elbow pain, hand pain, carpal tunnel syndrome, medial epicondylitis, and radial styloid tenosynovitis. Treatment to date has included MRI, x-rays, electro diagnostic studies, physical therapy, home exercise program, left elbow injection, urine drug screening, and medications including oral pain, topical pain, anti-epilepsy, and topical non-steroidal anti-inflammatory. On March 27, 2015, the injured worker complains of bilateral upper extremities pain, which is unchanged since the prior visit. Her pain is rated 6/10 with medications and 8/10 without medications. The physical exam revealed well-healed ventral palmar scars of bilateral wrists, tenderness to palpation upon the carpometacarpal grind test of the anteroposterior and medial-lateral wrist, compression in the bilateral medial epicondyle of the elbow, and symmetric active range of motion of the bilateral wrists. There was positive bilateral Finkelstein's test, absent Tinel's of the wrist and elbow, and absent Phalen's. There was normal muscle strength of the bilateral upper extremity except for the bilateral abductor pollicis brevis was decreased. There was decreased sensation to light touch over the bilateral thumbs and index finger. The treatment plan includes topical non-steroidal anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% pump 20mg/gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Pennsaid (diclofenac sodium topical solution) is a nonsteroidal anti-inflammatory drug (NSAID) indicated for the treatment of signs and symptoms of osteoarthritis not diagnosed here. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Pennsaid solution over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Medical necessity for topical Pennsaid has not been established. The Pennsaid 2% pump 20mg/gram is not medically necessary and appropriate.