

Case Number:	CM15-0089367		
Date Assigned:	05/13/2015	Date of Injury:	08/08/2011
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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 45 year old female injured worker suffered an industrial injury on 08/08/2011. The diagnoses included bicipital tenosynovitis, DeQuervain's tenosynovitis, myofascial pain syndrome and rupture of the writ tendons. The injured worker had been treated with medications. On 4/202015, the treating provider reported chronic left forearm pain and chronic left wrist pain with increase left shoulder pain. She reported severe stabbing pain to the left shoulder and some days she cannot move her arm. On exam, the left shoulder range of motion was restricted with tenderness. The treatment plan included Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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) Pain (Chronic), 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. The patient does not appear to have osteoarthritis, of which Pennsaid can be used to treat if criteria is met. The treating physician does not detail any failure or contraindication of oral NSAID. As such, the request for Pennsaid 2% #1 is not medically necessary.