

Case Number:	CM14-0213135		
Date Assigned:	12/30/2014	Date of Injury:	05/20/2009
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 38 year old woman with a date of injury of 5/20/09. She was seen by her primary treating physician on 11/18/14. She had been recommended for left fourth finger trigger release surgery. She had a history of GERD and her medications were aggravating her symptoms. She complained of bilateral wrist and hand pain and weakness. Left thumb triggering status post surgery with improvement, triggering and locking of left fourth finger, recurrent triggering of right index and fourth finger, bilateral shoulder area and neck pain, bilateral forearm and elbow pain and difficulty sleeping due to pain. Her left wrist/hand exam was significant for well healed carpal tunnel surgery scar with triggering of left fourth finger. Tinel's sign was negative as was carpal tunnel compression. At issue in this review is the request for Pennsaid 1.3% solution apply 2-5 drops to the trigger finger. It is noted in the note that this is off-label use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.3% solution apply 2-5 drops to the trigger finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical pennsaid solution in this injured worker, it is being used 'off-label' and the medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of Pennsaid solution is not substantiated in the records.