

Case Number:	CM14-0062065		
Date Assigned:	07/09/2014	Date of Injury:	11/26/2012
Decision Date:	05/27/2015	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/02/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old, male who sustained a work related injury on 11/26/12. The diagnosis has included hand pain. The treatments have included medications and a pain medication solution for topical use. In the PR-2 dated 4/2/14, the injured worker complains of increased numbness and sensitivity and pain in right index finger that spreads to his hand. He complains of pain at fingertip. He rates the pain a 4/10 with medications and a 5/10 without medications. The treatment plan is a request for Pennsaid solution or cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Pennsaid 1.5%, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pennsaid: Diclofenac, topical (Flector, Pennsaid, Voltaren Gel). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: 1 prescription of Pennsaid 1.5%, #2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDS are recommended for short-term use (4-12 weeks). Topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The documentation does not indicate significant functional improvement with prior Pennsaid use. The documentation does not indicate evidence of hand osteoarthritis. The request for a prescription of Pennsaid solution is not medically necessary.