

Case Number:	CM15-0010794		
Date Assigned:	01/28/2015	Date of Injury:	04/28/2012
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52 year old male, who sustained an industrial injury on 4/28/12. The injured worker has complaints of chronic left wrist pain associated with numbness. Left wrist joint reveals no erythema, swelling, symmetry, atrophy or deformity, range of motion is restricted with tenderness on palpation. The diagnoses have included closed fracture of radius alone not otherwise specified; tear of ulnar collateral ligament and scapholunate collapse. Treatment plan is to apply Pennsaid to left wrist for pain. The injured worker is on temporary restrictions for left upper limb restrictions including no forcefull, no repetitive gripping/grasping or fine manipulation. According to the utilization review performed on 12/22/14, the requested Pennsaid Sol 1.5% has been non-certified. CA MTUS, ACEOM are not specific for this request. ODG, pain states "not recommended as first line due to increased risk profile. Diclofenac is not recommended as a first line agent due to higher cardiovascular risk profile even topically due to systemic absorption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Sol 1.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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

Decision rationale: Pennsids solution is topical Diclofenac. MTUS does discuss topical Diclofenac Gel. There is no documentation of severe osteoarthritis; thus, there is no FDA approved indication for this treatment. Also, the NSAIDS is absorbed and thus there is an increased risk of GI, cardiovascular and renal adverse effects. Pennsaid is not medically necessary.