

Case Number:	CM15-0111145		
Date Assigned:	06/17/2015	Date of Injury:	08/02/2012
Decision Date:	07/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational 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:

This 53 year old female sustained an industrial injury to the right wrist on 8/2/12. Previous treatment included physical therapy, injections, bracing and medications. Magnetic resonance imaging (1/2014) showed a persistent triangular fibrocartilage complex tear. Electromyography (1/15/15) showed slowing of right median nerve consistent with carpal tunnel syndrome. In a PR-2 dated 6/1/15, the injured worker complained of ongoing right wrist pain and pain to the base of the thumb associated with tingling to the fingers. The injured worker rated her pain 8/10 on the visual analog scale. Previous steroid injection resulted in skin color changes. The injured worker had declined more hand therapy and medications. The injured worker was scheduled for an orthopedics consultation on 6/17/15. Physical exam was deferred. Current diagnoses included right triangular fibrocartilage complex tear, right wrist sprain and long term use of medications. The physician noted that the injured worker could not tolerate oral medications due to severe chronic diarrhea. Current medications included Acyclovir, Estradiol, Medroxyprogesterone, Omeprazole, Effexor and Pennsaid 2% pump. The treatment plan included requesting authorization for Pennsaid pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% topical, 2 pumps BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation http://www.pennsaid.com/pdf/pennsaid_pi.pdf Official Disability Guidelines Pain - Topical Analgesics.

Decision rationale: Guidelines and FDA recommendations are for the use of Pennsaid for knee osteoarthritis. This individual may be a reasonable exception for use on her wrist if the drug was shown to be reasonably effective, however there is no documented evidence of effectiveness. There is no reported pain relief or improved function from its use. Other NSAIDs (Celebrex) have been requested due to the apparent ineffectiveness of the Pennsaid. Under these circumstances, there is insufficient evidence of benefits to consider an exemption of Guidelines to be reasonable. The Pennsaid is not supported by Guidelines and is not medically necessary.