

Case Number:	CM15-0112572		
Date Assigned:	06/19/2015	Date of Injury:	09/08/2013
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on 09/08/2013. Current diagnoses include elbow arthralgia, elbow lateral epicondylitis, osteoarthritis elbow, and radial nerve lesion. Previous treatments included medication, elbow sleeve, physical therapy, and right elbow surgery on 05/23/2014. Initial injuries included right elbow pain. Report dated 04/30/2015 noted that the injured worker presented with complaints that included right elbow pain with occasional popping and radiation of pain up her arm to the right side of the neck and down the arm to her wrist, hand, and thumb. Other complaints included numbness and tingling in the right elbow, forearm, wrist, and hand, and left upper extremity pain since only working with her left upper extremity. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Currently the injured worker is not taking any prescribed medications. Physical examination was positive for tenderness in the right lateral epicondyle and radial tunnel. The treatment plan included recommendations for ice/heat to the areas of discomfort, home exercise program, over the counter anti-inflammatory and analgesic medications as needed, modified work duties, requests for right elbow MRI, neurology consultation and EMG/NCV studies, resting night splint, collected a urine sample, and prescribed Pennsaid solution. Disputed treatments include Pennsaid solution. The report dated April 30, 2015 recommends over-the-counter NSAID medication as well as topical NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid (Diclofenac Sodium) 20 mg/gram/actuation 2% solution in metered dose pump #2 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Pennsaid, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Pennsaid. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Pennsaid is not medically necessary.