

Case Number:	CM15-0177457		
Date Assigned:	09/18/2015	Date of Injury:	10/08/2014
Decision Date:	10/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 39 year old female with an industrial injury dated 10-08-2014. Medical record review indicates she is being treated for right elbow lateral epicondylitis, right elbow pain, right upper extremity repetitive injury, left elbow pain due to compensation and left elbow lateral epicondylitis. The progress note dated 08-03-2015 documents the injured worker was experiencing right elbow and right forearm with left elbow and left forearm pain "due to compensation." The pain is documented as 7 out of 10. Progress note dated 06-16-2015 documented pain rating as 6 out of 10 and progress note dated 07-02-2015 documented pain rating as 7 out of 10. Work status is documented as temporary total disability. Physical exam findings are documented as tenderness upon palpation of the bilateral lateral epicondyles and forearms. Range of motion in all limbs is documented as full and painless. Sensation was documented as intact to light touch, pinprick, proprioception and vibration in all limbs. Her current medication was Ibuprofen. Prior medications included Lyrica, Meloxicam and Acetaminophen. Treatment plan included physical therapy, home paraffin wax unit, Ultracet and Pennsaid. Prior treatments include acupuncture (at least 6 visits), physical therapy and medications. The treatment request is for Pennsaid 2% BID #1 Bottle refills x 2. On 09-02-2015 the request for Pennsaid 2% BID #1 Bottle refills x 2 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% BID #1 Bottle refills x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Pennsaid is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There is tendonitis but not arthritis. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on topical NSAIDS for several months including prior Voltaren gel. The claimant is currently on Tramadol orally without mention of reduction while on topical Pennsaid. The Pennsaid is not medically necessary.