

<b>Case Number:</b>	CM15-0067339		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial injury on July 5, 2011. He has reported bilateral wrist and hand pain. Diagnoses have included carpal tunnel syndrome, left third digit tenosynovitis, possibility of left median neuropathy, and enthesopathy of the wrist and carpus. Treatment to date has included medications, steroid injections, left carpal tunnel release, and diagnostic testing. A progress note dated March 20, 2015 indicates a chief complaint of bilateral wrist and hand pain. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% solution:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Pennsaid (diclofenac sodium topical solution), Diclofenac, Voltaren Gel (diclofenac).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid 2% solution is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pennsaid (diclofenac topical solution) is FDA approved for osteoarthritis of the knee. In this case, the injured worker's working diagnoses are bilateral CMC and MCP joint arthritis; left third digit tenosynovitis; possible left median neuropathy; status post left trapeziectomy with ligament reconstruction tendon interposition; and status post left carpal release. A progress note dated February 6, 2015 shows the injured worker was using Celebrex as far back as October 2014. In a progress note dated March 20, 2015, Celebrex is no longer documented in the medical record (with no clinical rationale) and Pennsaid was prescribed. There is no clinical indication or rationale for the topical analgesic (Pennsaid), no documentation of the FDA approved clinical indication (osteoarthritis of the knee), with no documentation of adverse effects involving oral medications. There is no failure of antidepressants and anticonvulsants documented in the medical record. Consequently, absent clinical documentation with failed first-line treatment for neuropathic pain, history of osteoarthritis of the knee, and an appropriate clinical indication and rationale for its use, Pennsaid 2% solution is not medically necessary.