MAXIMUS Federal Services

| Case Number: | CM13-0029036 | | |
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| Date Assigned: | 11/01/2013 | Date of Injury: | 02/03/2008 |
| Decision Date: | 01/14/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 09/24/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, chronic knee pain, and chronic shoulder pain reportedly associated with an industrial injury of December 3, 2008. Thus far, the applicant has been treated with the following: Analgesic medications, including long-acting opioids; topical NSAIDs, muscle relaxants; Synvisc injections; right knee arthroscopy; right shoulder arthroscopy; 96 sessions of physical therapy over the life of the claim; attorney representation; and the impairment imposition of permanent work restrictions. Based on the medical records the applicant has returned to work with permanent restrictions in place. In a Utilization Review Report of September 20, 2013, the claims administrator partially certified usage of Pennsaid, a topical diclofenac containing medication. Opana and Flexeril were not certified. An earlier note of September 13, 2013, is notable for the comments that the applicant is on a variety of medications, including Lidoderm, Colace, Senna, Opana, Flexeril, Glyburide, Lipitor, Zestril, Metformin, Zoloft, Tenormin, Diamox, Topamax, Wellbutrin, and Zantac. The applicant states that topical Pennsaid has been effective in alleviating the shoulder pain and has allowed the applicant to diminish or discontinue usage of Lidoderm patches. An earlier MRI arthrogram of December 20, 2009, is notable for suspected degenerative changes about the medial meniscus and degenerative bony changes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5 solution:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of arthritis in joints which lend themselves toward topical application, including ankle, elbow, feet, hand, knee, and wrist. In this case, the employee's primary focus of complaint is the knee. The employee does carry a diagnosis of knee arthritis for which usage of Pennsaid (diclofenac) is indicated. The medical records provided for review notes that the employee has exhibited a favorable response to the same in terms of reduction in pain relief and reduction in consumption of Lidoderm. The request for topical Pennsaid 1.5 solution is medically necessary, medically appropriate, and indicated here.