

Case Number:	CM13-0046360		
Date Assigned:	06/09/2014	Date of Injury:	07/02/2010
Decision Date:	07/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/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 patient is a 65 year old female with a date of work injury to her knees of 7/2/10. The diagnoses include arthritis of the knees and atherosclerosis of the extremities. She has nonindustrial complaints of lumbago and lumbar spondylosis. Under consideration is a request for Pennsaid Solution 1.5%. There is a 10/21/13 office visit that states that the patient is status post bilateral total knee replacements and complains of bilateral knee pain and low back pain. She uses a cane/walker is primarily in a wheelchair with help from her adult children. She is able to do her home exercise program but is very weak. The physical exam reports that there is improved strength range of motion and function in the lower extremities. There is a 10/18/13 document that states that the patient has debilitating knee pain and non-industrial lumbar pain. The document states that since her work injury she has had numerous knee surgeries including knee replacements. The document states that she is not independent with ADLs (Activities of Daily Living), ambulation or transfers. The patient has undergone an interdisciplinary pain program in 2012. She is undergoing physical therapy. Her medications include Norco, Tizanidine, Pennsaid topical to the knees, Colace. The treatment plan besides the medication refills included discussing the patient receiving some psychological help and also to continue her exercise program. A 10/23/13 pharmacy request was received for Pennsaid 1.5% topical solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID SOLUTION 1.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (Chronic), Integrated Treatment/Disability Duration Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the efficacy of topical NSAIDS in clinical trials have been inconsistent and most studies are small and of short duration. Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The guidelines states that topical NSAIDS can be used for osteoarthritis for short term use up to 12 weeks. The documentation submitted reveals that the patient has been using Pennsaid Topical to her knees since November 2012 which exceeds the guideline recommendations. There has been no evidence of significant functional improvement using the Pennsaid. For these reasons the request for Pennsaid Solution 1.5% is not medically necessary.