

Case Number:	CM13-0052131		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2011
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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:

This is a female patient with the date of injury of July 23, 2011. A utilization review determination dated November 7, 2013 recommends non-certification of Pennsaid 1.5% #3 with one (1) refill. The previous reviewing physician recommended non-certification of Pennsaid 1.5% #3 with one (1) refill due to lack of documentation the medical necessity for chronic use of Pennsaid. A Visit Note dated October 17, 2013 identifies Chief Complaint of pain symptoms that are unchanged in the right knee, right lower extremity, and right ankle. Examination identifies left sided mid-strike antalgic gait. Swelling below the medial malleolus and along the plantar arch of the right foot. The patient's right heel is tender to touch. Diagnoses identify joint pain - ankle, osteoarthritis NOS - ankle, osteoarthritis NOS - L/leg, anxiety state NOS, and depressive disorder NEC. Patient Management identifies continue previously prescribed medications including Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID 1.5% #3 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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. ODG states Pennsaid is not recommended as a first-line treatment. 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 Pennsaid 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.