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| Case Number: | CM13-0062152 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/15/2013 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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 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 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 applicant is represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of July 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; prior arthroscopic medial meniscectomy surgery; unspecified amounts of physical therapy; and work restrictions. In a utilization review report of November 25, 2013, the claims administrator denied a request for topical Pennsaid. Non-MTUS Third Edition ACOEM Guidelines were cited. The applicant's attorney subsequently appealed. A December 18, 2013 progress note is notable for comments that the applicant has returned to modified duty work after having completed 16 sessions of physical therapy. 4/5 knee strength is noted with associated crepitation. Additional physical therapy and work restrictions were again endorsed. The operative report of September 19, 2013 is reviewed. The applicant underwent a medial and lateral meniscectomy on that date. The applicant also underwent an extensive synovectomy. An MRI of the knee of July 23, 2013 was notable for cartilaginous thinning of the medial compartment in addition to the aforementioned meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid drops/topical: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Topic, American College of Occupational and Environme. Decision based on

Non-MTUS Citation (ODG) Official Disability Guidelines, Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S

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

Decision rationale: Pennsaid is a topical diclofenac derivative. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac is indicated in the treatment of small joints, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines include the ankles, elbow, feet, hands, knee, and wrist. In this case, the applicant does have radiographically and surgically confirmed arthritis of the knee following a knee meniscectomy procedure. He is 51 years old. Introduction of topical Pennsaid (diclofenac) to combat the same is indicated and appropriate, particularly given the applicant's incomplete response to prior treatments including physical therapy and surgery. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.