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| <b>Case Number:</b>   | CM13-0063405 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 07/09/2003 |
| <b>Decision Date:</b> | 05/16/2014   | <b>UR Denial Date:</b>       | 11/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2013 |

### 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 Interventional Spine 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 patient is a 52-year-old female with date of injury of 07/09/2003. The listed diagnoses per [REDACTED] dated 09/08/2013 are left total knee arthroplasty with effusion and recent aspiration by [REDACTED], right knee arthrosis, patellofemoral pain, chronic low back pain and spasm and major depressive disorder. According to the progress report, the patient complains of right knee pain that has significantly improved. She completed her previous Synvisc injection for the right knee and is able to ascend and descend the stairs as well as walk and stand for longer periods of time with less pain. Evaluation of the left knee shows a well-healed surgical scar with slight swelling and warmth. There is no redness, streaking, or significant pain on palpation. There is only mild pain about the joint line with crepitus noted on flexion-extension. The right knee shows only mild joint line tenderness laterally. Active range of motion is improved with no instability or meniscal signs. The treating physician is requesting a refill for Pennsaid 1.5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENNSAID 1.5%, #450ML WITH ONE (1) REFILL:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 111

**Decision rationale:** This patient presents with chronic knee and the treating physician is requesting a refill for Pennsaid 1.5%. Pennsaid is a diclofenac sodium solution, an NSAID, used for the treatment of osteoarthritis of the knees. The MTUS Guidelines page 111 states for topical analgesics, "Largely experimental in use with few randomized control trials to determine efficacy or safety, primarily recommended for neuropathic pain, when trials of antidepressants and anti-convulsants have failed." MTUS further states that for topical NSAIDs, it has been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. It is indicated for the knee and elbow or joints that are amenable to topical treatment and is recommended for short-term use (4 to 12 weeks). The review of 451 pages of records show that the patient has been using Pennsaid since 2011. The treating physician mentions medication efficacy stating, "She is using topical Pennsaid (diclofenac sodium) now for the right knee instead of Flector Patch, which she feels helps more." Given the patient's knee pain, topical NSAID may be indicated. Recommendation is for authorization.