

<b>Case Number:</b>	CM14-0016581		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/22/2005
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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:

The injured worker is a 64-year-old female who reported an injury on 04/22/2005. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be medications, orthotics, and surgery. The injured worker's diagnoses were noted to be complex regional pain syndrome of the right foot, status post crush injury to the right foot and 2 operative procedures, and right knee medial meniscal tear. The injured worker had a clinical exam on 01/08/2014. Her chief complaints were right knee pain and right low back pain rated an 8/10. The injured worker noted increasing right knee arthralgia rated 8/10 with weight bearing resulting in greater limping gait. The physical examination noted active range of motion of the lumbar spine, active range of motion of the knees, and active range of motion of the ankles. The examination of the feet presented with allodynia and dyesthesia noted over the entire right foot with exception of the lateral aspect and right 5th toe. Color change and increased skin coolness was noted in the right toes in comparison with the left toes. No trophic skin changes, increased sweating, or hair growth changes were noted between the feet. No active movement of the right toes was possible. The incisions were well-healed over the right 1st, 2nd, and 3rd toes. The treatment plan was to continue with medications including Norco, Pennsaid topical, and Lyrica. The provider's rationale for the request was provided within the documentation dated 01/08/2014. A request for authorization for medical treatment was provided and dated 01/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL PENNSAID #2 BOTTLES:** Upheld

**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): 111-112.

**Decision rationale:** The request for topical Pennsaid #2 bottles is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend diclofenac unless indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 grams per day (8 grams per joint per day in the upper extremity and 16 grams per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. For additional adverse effects, see NSAIDs, GI symptoms and cardiovascular risks; and NSAIDs, hypertension and renal function. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation fails to provide a failed trial of antidepressants or anticonvulsants. The clinical documentation also does not indicate osteoarthritis or neuropathic pain. The request fails to provide a dose and a frequency as well as an application site. Therefore, the request for topical Pennsaid #2 bottles is not medically necessary.