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| Case Number: | CM14-0111579 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 12/10/2010 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/03/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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 Family 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:

This is a 61-year-old female who reported an industrial injury on 12/10/2010, almost four (4) years ago, attributed to the performance of her usual and customary job tasks. The left knee and left lower leg is been accepted for this industrial claim. The patient is status post left knee arthroscopic partial medial and lateral meniscectomy and arthroscopic chondroplasty of the patellofemoral joint. The patient continued to complain of postoperative left knee pain the patient was reported to be taking Vicodin and Cymbalta. The objective findings on examination included tenderness to the medial left knee; McMurray's test negative; Lachman's test negative in both knees; Finkelstein test positive on the right; no tenderness to the right first IP joint and first MCP joint; tenderness to the base of the right thumb; superficial burn on the right form; swelling and tenderness of the right knee; the treatment plan included Cymbalta 30 mg per day; Pennsaid drops directed to the left knee; and continue Vicodin 5 mg Q6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Drops 112gm Bottle Quantity Requested: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--medications for chronic pain and NSAIDs

Decision rationale: The prescription of topical Pennsaid 1.5% or Diclofenac Liquid 112 g is a NSAID for the treatment of inflammation and pain. The prescription is inconsistent with the recommendations of the California MTUS; the ACOEM Guidelines; and the Official Disability Guidelines for the treatment of the effects of the industrial injury. The patient is noted to have diagnoses consistent with inflammation; however, there is no objective evidence to support the medical necessity of a liquid preparation for the treatment of osteoarthritis of the knee. There is no medical necessity for the prescribed Pennsaid 1.5% solution/lotion over the available OTC NSAIDs for the treatment of the effects of the industrial injury. The patient has exceeded the time period recommended for the use of a topical NSAID. Therefore, this request is not medically necessary.