

Case Number:	CM14-0116433		
Date Assigned:	09/23/2014	Date of Injury:	03/22/2012
Decision Date:	12/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 Neurology 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 (IW) is a 69 year old female with a reported date of injury of 3/22/12. The mechanism of injury is reported to be a sudden onset of sharp pain to the right knee with no report of trauma or association with lifting. The IW reports the pain is persistent and limits her to walking to just one mile at a time. Her physical examination from 6/11/14 is notable for pain in the right knee with flexion (limited to 120 degrees). The motor examination of the Neurological portion of the exam is reported as normal strength in the lower extremities. An MRI of her right knee from 6/25/12 is notable for degenerative changes of the body and posterior horn of the medical meniscus. For the treatment of her knee pain, the IW was prescribed the Pennsaid 2% pump for topical analgesic (NSAID use) on 4/17/14. A previous request for the continued use of this treatment was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% Pump 20mg/gram/Actuation (2%): 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: Pennsaid is the trade name for diclofenac sodium topical solution, a topical analgesic (NSAID). Although the Chronic Pain Medical Treatment Guidelines indicates topical NSAIDs have been shown to be superior to placebo to the treatment of osteoarthritis of the knees for a period of four to 12 weeks with diminishing effect over time, the IW has been using this treatment since 4/17/14. The IW continued to use this treatment at least as long 6/11/14 (a documented 8 week period). Since a 12 week period would end in July of 2014, continued use of this topical analgesic is not supported based on the guidelines for treatment contained in the Chronic Pain medical treatment guidelines of the MTUS. The request for the use of the Pennsaid 2% pump is therefore not medically necessary.