

Case Number:	CM14-0139303		
Date Assigned:	09/05/2014	Date of Injury:	08/08/2013
Decision Date:	10/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 08/08/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of status post arthroscopic surgery of the right knee. Physical medical treatment consists of injections to the right knee, use of a TENS unit, physical therapy, surgery, and medication therapy. Medication consists of Pennsaid 2%. On 08/07/2014, the injured worker complained of right knee pain. Physical findings revealed that the injured worker had no laxity. He had mild local tenderness. The right knee was negative for crepitus. It was also noted that the injured worker was able to do three quarter squats. Range of motion was 0 to 140 degrees. There was tenderness over the medial epicondyle. The treatment plan was for the injured worker to continue the use of Pennsaid 2%. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% #2 bottles refills - 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): pages 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pennsaid Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111.

Decision rationale: The request for Pennsaid 2% #2 bottles refills - 3 is not medically necessary. California MTUS Guidelines do not recommend Pennsaid as a first line treatment. Diclofenac, the equivalent of Pennsaid, is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations for the treatment of the signs and symptoms of osteoarthritis the knee, diclofenac would be recommended for treatment of osteoarthritis and tendonitis of the knee, elbow, or other joints that are amenable to topical treatment. The included documentation lacked evidence of the injured worker having any contraindications to oral pain medications, and also lacked evidence that these medications failed to meet the provider's expectations of pain relief. The submitted documentation also lacked evidence of objective symptoms of osteoarthritis and tendonitis of the knee for the injured worker. Furthermore, the submitted documentation lacked efficacy of the medication. There was no assessment as to what the pain levels of the injured worker were before, during, and after the use of medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Pennsaid 2% #2 bottles refills - 3 is not medically necessary.