

Case Number:	CM14-0167466		
Date Assigned:	10/23/2014	Date of Injury:	12/27/2011
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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 & 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 44 year old male with a date of injury of 12/27/11. The listed diagnoses include Osteoarthritis, degenerative joint disease of the knee, chronic narcotics and history of right scaphoid fracture. According to progress report 9/9/14 by [REDACTED], the patient presents with right knee pain. Current pain level is 5/10 with medications and 8-9/10 without medications. The patient is using Hydrocodone and Pennsaid for pain management. The patient reports no side effects with medications. Examination findings were within normal limits. The treating physician is requesting a refill of Pennsaid 2%. Utilization review denied the request on 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% #2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

Decision rationale: This patient presents with continued right knee pain. The treating physician is requesting a refill of Pennsaid 2% #2 bottles, four pumps to be applied to the affected area four

times a day or as needed. Pennsaid is a non-steroidal anti-inflammatory drug (NSAIDs). The MTUS Guidelines regarding topical creams page 111 under chronic pain section states, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." Topical NSAID is recommended for peripheral joint arthritis and tendonitis pain. This patient has degenerative joint disease of the knee with continued right knee pain. The treating physician states that the patient's pain level is decreased with current medications including Pennsaid. Given the patient's continued knee pain and the treating physician's statement of efficacy, this request is medically necessary.