

<b>Case Number:</b>	CM14-0031375		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	03/13/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Internal Medicine, Pulmonary Diseases, 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 55-year-old male who reported an injury on 03/13/2008. The mechanism of injury was not provided. The injured worker's medication history included Neurontin, Nucynta 50 mg, Ultram 50 mg, Ultram ER (extended release) 100 mg, and Voltaren gel as of 07/2013. The documentation of 01/06/2014 revealed the injured worker's pain level remained the same since the last visit. The injured worker noted no new problems or side effects. The quality of sleep was poor. The injured worker indicated he was taking his medications as prescribed and the medications were working well. The diagnoses are entrapment neuropathy left limb, edema, venous insufficiency NOS, and pain in the joint lower leg. The treatment plan included supartz injections, Nucynta, referral to an orthopedist, referral to an infectious disease specialist, and medication refills including Pennsaid, Ultram ER 100 mg, tramadol 50 mg, Nucynta, Neurontin, and Voltaren gel. The documentation of 11/18/2013 revealed the injured worker had a urine drug screen that was negative for Neurontin and Nucynta, which was consistent as the injured worker indicated he had not been taking pain medications due to antibiotic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENNSAID 1.5% SOLUTION, 40 DROPS TO THE KNEE AS NEEDED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac, topical

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta analysis to be superior to placebos during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect after another 2-week period. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of anticonvulsants and antidepressants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating the injured worker had osteoarthritis to support the necessity for the requested product. The request as submitted failed to indicate the quantity of medication being requested. The duration of use for the medication could not be established through the submitted documentation. Given the above, the request for Pennsaid 1.5% solution, 40 drops to the knee as needed is not medically necessary.