

Case Number:	CM14-0040467		
Date Assigned:	06/20/2014	Date of Injury:	03/07/2013
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery and is licensed to practice in Texas and Colorado. 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 70-year-old female who reported an injury on 03/07/2013 was struck by a vehicle in the parking lot while entering work. On 08/07/2013 the injured worker underwent an MRI that revealed tibial tubercle-trochlear groove distance of 0.8cm. The right knee was a positive 2 patellar and trochlear groove with a 3cm Baker cyst. There was a posterior half medial meniscal tear with fraying of the lateral meniscus. There was an anteromedial tibial bone marrow edema. On 04/21/2014 the physical examination revealed the range of motion of the right knee was 5 to 10 degrees, 2/4 lateral and 1/4 medial joint line tenderness and the fat pad or tibial tubercle was tender. It was noted the injured worker was scheduled for an arthroscopy, meisectomy and chronoplasty but was rescheduled to due diabetic issues. The diagnoses includes right knee and lateral meniscal tears, early knee medial arthritis and right knee patellofemoral chondrosis. There was no medications listed for the injured worker. The treatment plan was for a decision for Pennsaid drops. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Drops: 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): 111-113.

Decision rationale: The request for Pennsaid Drops are not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) states that Pennsaid Drops is indicated for the relief of osteoarthritis pain in joints that lend themselves topical treatment to include ankle, elbow, foot, hand, knee and wrist. The guidelines state Pennsaid drops has not been evaluated for the treatment of the spine, hip or shoulder. The documentation provided on 03/18/2014 had lack of evidence stating the rationale why the injured worker is requesting Pennsaid Drops. In addition, there was no mentioned of osteoarthritis pain in joints. Furthermore, the request for the proposed gel does not specify location for the application of the gel or frequency or dosage. Given the above, the Pennsaid Drops are not medically necessary.