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| <b>Case Number:</b>   | CM14-0042045 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 12/04/2004 |
| <b>Decision Date:</b> | 08/22/2014   | <b>UR Denial Date:</b>       | 04/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2014 |

### 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 Orthopaedic Surgery, 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:

This 77-year-old male sustained an industrial injury on 12/4/04. The mechanism of injury was not documented. He was status post left total knee replacement. The 2/28/14 treating physician report cited persistent left knee pain and limited range of motion. Medications were helpful in maintaining physical activities. Physical exam documented flexion 95 degrees and difficulty spinning his pelvis. Medications were prescribed including Pennsaid, tramadol, and glucosamine/chondroitin. The 4/1/14 utilization review denied the request for Pennsaid as there was no documentation to suggest the patient could not tolerate oral non-steroidal anti-inflammatory drugs, and, there was a lack of evidence-based support for the safety and efficacy of a 1.5% formulation of diclofenac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5 #5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Pennsaid® (diclofenac sodium topical solution).

**Decision rationale:** The California MTUS guidelines do not provide recommendations for Pennsaid topical solution. The Official Disability Guidelines state that Pennsaid is not recommended as a first-line treatment. It is recommended for osteoarthritis after a failure of an oral non-steroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs. Pennsaid is FDA-approved in a 1.5% formulation for the treatment of signs and symptoms of osteoarthritis of the knee. Guideline criteria have not been met. There is no evidence in the available records that the oral NSAIDs had failed or were not tolerated. Therefore, this request for Pennsaid 1.5% #5 is not medically necessary.