

Case Number:	CM14-0062845		
Date Assigned:	07/11/2014	Date of Injury:	07/27/2009
Decision Date:	08/19/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 and 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 56-year-old female with a date of injury of 7/27/09. The listed diagnoses per [REDACTED] are bilateral knee osteoarthritis, bilateral chondromalacia (patellar), and left knee medial meniscus tear. According to the progress report dated 4/4/14 by [REDACTED], the patient presents with left and right knee pain. The patient is complaining of worsening of pain especially along the left knee anteriorly. She has associated swelling. There is some mild discomfort on the medial side of her left knee. She denies having any associated distal radiating pain or associated numbness or tingling. Given the patient has an exacerbation of her pain, the treating physician is recommending additional physical therapy and Pennsaid topical antiinflammatory solution to supplement the meloxicam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% 1 bottle with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti-inflammatory drugs):Back Pain- Chronic low back pain:, GI symptoms & Cardiovascular risk:, Hypertension and renal function:, Specific drug list & adverse effects:. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain: Pennsaid.

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

Decision rationale: Pennsaid is a topical solution that includes diclofenac sodium. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Topical NSAIDs are only recommended for peripheral joint arthritis and tendonitis pain. In this case, the patient has bilateral osteoarthritis and the treating physician is making an initial request for Pennsaid for topical application. A trial of Pennsaid for patient's continued osteoarthritis symptoms is reasonable. As such, the request is medically necessary.