

<b>Case Number:</b>	CM14-0065644		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Occupational Medicine 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 patient is a 64 year old male employee with date of injury of 10/12/2011. A review of the medical records indicates that the patient is undergoing treatment for Osteoarthritis, in the left knee and old medial collateral ligament disruption. Subjective complaints include continual aching, dull sharp and shooting pain, measuring 7/10 (11/21/2013), receding to 5/10 (4/1/2014). Objective findings (4/1/2014) include antalgic gait favoring left and normal mental examination. Medications have included Voltaren 1% 1gram 4-6/day #180 (11/21/2013) which mildly improves pain (4/1/2014), Lisinopril 20mg 1/day, Naproxen 2/day (3/13/2014). No GI complaints or other contraindications related to Naproxen listed in the medical records. Other treatments include exercise, walking and stretching (11/6/2013). The utilization review dated 4/9/2014 was not medically necessary for the request for (2), 112 gram bottles (with 3 refills): Pennsaid 20mg/gram/actuation (2%) topical solution in metered dose pump due to excessive usage of NSAIDs according to MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 112 gram bottles (3 refills): Pennsaid 20mg/gram/actuation(2%) topical solution in metered dose pump: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Mason 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Pennsaid, Topical Analgesics.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. Per the ODG it states regarding Pennsaid, as it is; "Not recommended as a first-line treatment". See the Diclofenac Sodium listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations." The patient appears to have osteoarthritis, of which Pennsaid can be used to treat if criteria are met. Treating physician does not detail any failure or contraindication of oral NSAID as naproxen is still taken by the patient. As such, the request for Pennsaid 20mg/gram/actuation(2%) topical solution is not medically necessary.