

<b>Case Number:</b>	CM14-0070552		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/04/1996
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 11/04/1996 due to falling 40 feet off of scaffolding. The worker had a history of right knee pain and back pain. The injured worker had a diagnosis of knee pain, lower leg joint pain, and low back pain. The past surgical procedures included an arthroscopic to the right knee for internal derangement times 2. The MRI dated 09/08/2011 of the right knee revealed irregular stabilization, tear and extrusion of the lateral meniscus, through and through tearing at the posterior horn, and high grade cartilage loss posterior aspect of the lateral compartment. The past treatments included a right knee brace and medication. The objective findings dated 06/26/2014 of the right knee revealed a clean, dry, and intact, arthroscopic port site. The range of motion restricted with flexion at 85 degrees. Tenderness to palpation was noted over the lateral joint line and medial joint line and patella. Negative posterior drawer test and reverse pivot shift test, McMurray's test was positive, and knee joint brace in place. The examination of the lumbar spine revealed restricted range of motion with flexion limited at 50 degrees and extension limited at 10 degrees. The lumbar facet loading was positive bilaterally and straight leg raise test was negative. The medications included Norco, Soma, Rozerem, and Pennsaid with a reported pain of 8/10 to the right knee using the visual analog scale (VAS). The treatment plan included a transcutaneous electrical nerve stimulation (TENS) unit, medication refill, cane, and follow-up. The request for authorization dated 04/10/2014 was submitted with the documentation. The rationale for the Pennsaid was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5% gtt #1 as an outpatient for bilateral knees and back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, [https://www.acoempracguides.org/low back](https://www.acoempracguides.org/low%20back); Table 2, Summary of Recommendations Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Pennsaid 1.5% gtt #1 as an outpatient for bilateral knees and back is not medically necessary. The California MTUS indicates the non-steroidal anti-inflammatory agents that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The clinical notes dated 07/26/14 stated that the injured worker reported his right knee pain an 8/10, but also indicated that his "medication was working well". The clinical notes also indicated that the injured worker reported that the TENS unit was relieving his pain. The guidelines do not recommend topical non-anti-inflammatory medications are inconsistent in treatment. The request did not address the frequency. As such, the request is not medically necessary and appropriate.