

<b>Case Number:</b>	CM14-0072556		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 43-year-old gentleman was reportedly injured on February 10, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of right knee pain. Current medications include Advil, Pennsaid, Tylenol, and Voltaren. No physical examination of the right knee was performed. Diagnostic imaging studies of the right knee revealed a tear of the posterior horn of the medial meniscus with Mark thinning of the medial meniscal body consistent with a history of a prior meniscectomy. Previous treatment includes a right knee surgery performed in 2012. A request was made for topical Pennsaid and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 20mg/gram/actuation (2%) topical solutions #120 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amenable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured workers diagnosis of a meniscal tear without any noted arthritis of the knee as well as concurrent usage of Advil, this request for topical Pennsaid is not medically necessary.