

Case Number:	CM14-0077806		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2002
Decision Date:	08/18/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

According to the records made available for review, this is a 54-year-old male with an 11/1/02 date of injury and status post left knee surgery in 2005. At the time (1/31/14) of request for authorization for Pennsaid 1.5% apply 40 drops by topical route 4 times daily to affected knee(s), there is documentation of subjective (chronic left knee/left ankle pain) and objective (no pertinent findings) findings, current diagnoses (low back pain, chronic ankle and foot pain, status post tibia fracture, ankle fusion, and muscle spasms), and treatment to date (Pennsaid topical since at least 9/25/13 with decreased in pain levels and increase in activities of daily living). In addition, medical report identifies allergies to NSAIDs resulting in peripheral edema. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment and short-term use (4-12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% apply 40 drops by topical route 4 times daily to affected knee(s): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of low back pain, chronic ankle and foot pain, status post tibia fracture, ankle fusion, and muscle spasms. In addition, there is documentation of chronic left knee pain. Furthermore, given documentation of decrease in pain levels and increase in functioning with use of topical Pennsaid, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Pennsaid. However, despite documentation of chronic left knee pain, there is no (clear) documentation of osteoarthritis pain in joints that lend themselves to topical treatment. In addition, given documentation of ongoing treatment with Pennsaid since at least 9/25/13, there is no documentation of short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Pennsaid 1.5% apply 40 drops by topical route 4 times daily to affected knee(s) is not medically necessary.