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| Case Number: | CM14-0083441 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 09/16/2004 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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 Anesthesiology, has a subspecialty in Pain Management, 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 63-year-old female with a 9/16/04 date of injury. At the time (5/20/14) of the Decision for Pennsaid 2% Solution; apply 2 pumps BID (twice a day) topically to knee, #1 bottle, there is documentation of subjective (pain on neck, shoulder, back, right foot, and bilateral knee which is relieved by rest, medications, ice, heat applications, pain patches and Voltaren gel) and objective (moderate tenderness to palpation over cervical paraspinal musculature and bilateral trapezii, interscapular musculature, right shoulder/upper arm, lumbosacral spine and anterior knee, cervical flexion restricted by pain to 45 degrees, extension limited to return to neutral, rotation limited by guarding and pain to 30 degrees bilaterally, moldy positive Spurling's, and mild tenderness to palpation over bilateral sacroiliac joint) findings, current diagnoses (chronic pain syndrome, osteoarthritis of knee, brachial neuritis or radiculitis, cervicgia, pain in joint, shoulder region, lumbago, and degeneration of lumbar or lumbosacral intervertebral disc), and treatment to date (medications (including Tramadol and Nexium)). 4/29/14 medical report identifies NSAIDs are contraindicated due to recent gastrointestinal bleed. There is no documentation of the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% Solution; apply 2 pumps BID (twice a day) topically to knee, #1 bottle:
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, Diclofenac sodium.

Decision rationale: The 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 chronic pain syndrome, osteoarthritis of knee, brachial neuritis or radiculitis, cervicalgia, pain in joint, shoulder region, lumbago, and degeneration of lumbar or lumbosacral intervertebral disc. In addition, given documentation of a diagnosis of osteoarthritis of knee, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee). Furthermore, there is documentation of contraindications to oral NSAIDs. However, there is no documentation of the intention to treat over a short course (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Pennsaid 2% Solution; apply 2 pumps BID (twice a day) topically to knee, #1 bottle is not medically necessary.