

<b>Case Number:</b>	CM14-0085535		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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:

The patient is a 45 years old female with an injury date on 07/01/2012. Based on the 05/28/2014 progress report provided by [REDACTED], the diagnoses are: 1. Osteoarthritis of knee. 2. Old medical collateral ligament disruption. According to this report, the patient complains of left knee pain that is dull and achy. The patient rated the pain as a 3-4/10 for average pain. Carrying, climbing stair, driving, twisting and change of weather would aggravate the pain. Medications and rest helps alleviate the pain. The patient noted has moderate improvement with Lodine. There were no other significant findings noted on this report. The utilization review denied the request on 06/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/04/2013 to 05/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 1.5% Topical Drops 240 ml, Quantity 4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the 05/28/2014 report by [REDACTED] this patient presents with left knee pain that is dull and achy. The providers requesting Pennsaid 1.5% Topical Drops 240mL Qty: 4. Pennsaid, a Voltaren topical, is first noted in this report and prescribed to the patient since 11/20/2013. For Diclofenac, a topical NSAID, MTUS states "FDA-approved agents: 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). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the patient does meet the indication for the topical medication as she does present with osteoarthritis pain in the knee joint. The reports also indicate that it is "helping a lot." Given the guideline's support, this request is medically necessary.

**Etodolac ER 400 mg, Quantity 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ,Anti-inflammatory medications , NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 62, 67, 68.

**Decision rationale:** According to the 05/28/2014 report by [REDACTED] this patient presents with left knee pain that is dull and achy. The provider is requesting Etodolac ER 400 mg #120. Etodolac ER 400 is first noted in this report, however Etodolac 300mg has been prescribed to the patient since 11/20/2013. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show the patient has moderate improvement with Lodine. The request to start Etodolac ER 400 mg appears reasonable and consistent with MTUS guidelines. Therefore, the request is medically necessary.