

Case Number:	CM14-0092580		
Date Assigned:	07/25/2014	Date of Injury:	05/05/2001
Decision Date:	10/01/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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 Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old woman who sustained a work related injury on May 5, 2001. Subsequently, she developed chronic right knee pain. The patient underwent a right knee surgery in February and then in December of 2002. According to a progress report dated June 10, 2014, the patient describes the pain as constant and achy. It was exacerbated by movements. The level of pain is 6/10 and it gets worse with walking. The patient was diagnosed with degenerative joint disease of the knee and chronic pain syndrome. The provider requested authorization for Pennsaid 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%, #1/M: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: pages 111-113, 2010 Revision, Web Edition, Official Disability Guidelines (ODG), Web Edition

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. The patient was prescribed oral NSAID and there is not documentation of its failure. There is no clear rational behind using a combination of oral NSAID and topical NSAID. In addition, there is no evidence of long term benefit of topical NSAID. Based on the above, the prescription of Pennsaid for long term is not recommended. Based on the above, Pennsaid 2% is not medically necessary.