

<b>Case Number:</b>	CM14-0095718		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/25/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Occupational Medicine 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:

Patient is a 42 year-old male with date of injury 09/25/2007. The most recent medical document associated with the request for authorization, a primary treating physician's progress report, and dated 01/06/2014, lists subjective complaints as pain in the knee bilaterally, left greater than right. Objective findings: Examination of the bilateral knees revealed no limitation in flexion, extension, internal rotation or external rotation. Tenderness to palpation was noted over the lateral joint and medial joint line. Motor testing was limited due to pain. Strength was 5/5 for both knees. Crepitus was noted with active movement. Diagnosis: knee pain, bilateral. Patient has been taking his medications as prescribed, but stated they were less effective and is feeling as if he has become tolerant. The medical records provided for review document that the patient has been taking the following medication as the request for authorization on 01/06/2014. Medications: Pennsaid 2 Pump 20mg/gram/actuation (2%) SIG: apply 2 metered pumps to each affected knee two times a day as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2 Pump 20mg/gram/actuation (2%) #1:** 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 Topical analgesics Page(s): 111-112.

**Decision rationale:** Pennsaid 2% is a viscous gel containing the NSAID diclofenac. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. The request for Pennsaid 2 Pump 20mg/gram/actuation (2%) #1 is not medically necessary.