

Case Number:	CM14-0195754		
Date Assigned:	12/03/2014	Date of Injury:	04/02/2012
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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:

The injured worker was a 61 year old male who was injured after accumulative trauma and repetitive strain of 28 years on the job. The injured worker has since retired. The injuries manifested in June 16, 2014 and pain in the left elbow, bilateral wrists, hands and knees. He has undergone right arthroscopic surgery and a left total knee replacement. The injured worker had a diagnosis of lateral epicondylitis, peripheral neuropathy, ulnar neuropathy, carpal tunnel syndrome and knee pain. On August 19, 2014, the injured worker was complaining of left elbow, bilateral wrists, bilateral hands and bilateral knee pain. The pain was associated with tingling and numbness and weakness of both hands. The pain in his knees was throbbing, dull and aching, with muscle pain and abnormal swelling. The pain was aggravated by prolonged walking. The injured worker continues to take an anti-inflammatory medication, pain medication, ice to affected areas and home exercise program to reduce pain. According to the progress note of August 19, 2014, the elbows, wrists, hand grips were 5/5. Pennsaid and physical therapy were ordered. Per progress note of September 20, 2014, the physical therapy for the wrists was very helpful after two sessions. The injured worker was taking Mobic daily and reserving the Pennsaid for flare ups. On October 22, 2014 the UR denied retrospective payment for Pennsaid 2% solution for the left elbow. Pennsaid was a topical anti-inflammatory solution, and the MTUS Guidelines recommend topic the use of topical anti-inflammatory medication if there was a diagnosis of osteoarthritis and documented need for topical instead of oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Pennsaid 2% solution QTY #1 Dispensed 9/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Pennsaid Â®

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Per the ODG, Pennsaid is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. In studies Pennsaid was as effective as oral diclofenac, but was much better tolerated. FDA approved Pennsaid Topical Solution in 2009 for the treatment of the signs and symptoms of osteoarthritis of the knee, and the FDA requires a Risk Evaluation and Mitigation Strategy (REMS) from the manufacturer to ensure that the benefits of this drug outweigh its risks. The injured worker is not reported as having osteoarthritis. There is no documentation of failure of an oral NSAID, and the injured worker is currently being prescribed other pain medications including the NSAID Mobic. Pennsaid is prescribed to apply to affected areas, but the affected areas are not described. He has pain in bilateral wrists, bilateral knees, left elbow, and bilateral hands. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for Retrospective request for Pennsaid 2% solution QTY #1 Dispensed 9/18/14 is determined to not be medically necessary.