

Case Number:	CM14-0200417		
Date Assigned:	12/10/2014	Date of Injury:	06/13/2012
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 13, 2012. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a request for a topical Pennsaid pump. The claims administrator referenced the mislabeled, mis-numbered page 71 of the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator noted that the applicant had ongoing issues with knee pain status post earlier knee arthroscopy and had been declared permanent and stationary in October 2013. The claims administrator stated, somewhat incongruously, in the report that the date of injury it had on file was August 1, 2014. The applicant's attorney subsequently appealed. On September 15, 2014, the applicant apparently transferred care to a new primary treating provider (PTP). The applicant was described as having had prior knee surgery. The applicant had apparently remained off of work for a protracted amount of time, it was acknowledged. The applicant had residual knee arthritis and residual knee chondromalacia, it was noted. The applicant had apparently declined to pursue previously recommended viscosupplementation injections. The attending provider suggested that the applicant employ topical Pennsaid for the knees and obtain physical therapy. On October 7, 2014, the applicant reported persistent complaints of knee pain. The attending provider posited that the applicant's present issues with knee pain were a function of the applicant's prior industrial injury. The applicant was not working. Topical Pennsaid and work restrictions were endorsed, although it was acknowledged that the applicant's employer was unable to accommodate said limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Pump 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren; Functional Restoration Approach to Chronic Pain Management Page(s):.

Decision rationale: Pennsaid is a derivative of topical diclofenac/Voltaren. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does indicate that topical NSAIDs such as diclofenac/Voltaren are indicated in the treatment of small joint arthritis in joints which are amenable to topical application, such as the applicant's knee pain secondary to knee arthritis reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has not clearly outlined how (or if) ongoing usage of Pennsaid has proven beneficial. Topical Pennsaid was apparently introduced for the first time in September 2014 and continued on office visits of October 7, 2014 and November 4, 2014. The attending provider did not outline any quantifiable decrements in pain achieved as a result of ongoing Pennsaid usage. The applicant's work restrictions became more proscriptive from visit to visit, despite introduction of topical Pennsaid. The applicant was still described as having difficulty performing kneeling and squatting activities and negotiating stairs on November 4, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Pennsaid. Therefore, the request was not medically necessary.