

Case Number:	CM14-0043435		
Date Assigned:	06/30/2014	Date of Injury:	09/05/2001
Decision Date:	01/07/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 is a 51-year-old female who reported an injury on 09/05/2001. The mechanism of injury was not provided. Current diagnoses include chronic pain syndrome, osteoarthritis involving the lower leg, and degenerative joint disease of the knee. The injured worker presented on 06/10/2014 with complaints of persistent right knee pain. Previous conservative treatment is noted to include medication management. The current medication regimen includes Ultracet, Relafen 750 mg, and Pennsaid 2%. The injured worker also utilizes ThermoCare heat patches. The physical examination revealed positive crepitus and decreased and painful range of motion of the right knee. It is also noted that the injured worker ambulates with a single point cane. Treatment recommendations at that time included continuation of the current medication regimen and authorization for a trial of [REDACTED] to assist with weight loss in order to proceed with orthopedic treatment. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. The Official Disability Guidelines state Pennsaid is not recommended as a first line treatment. As per the documentation submitted, the injured worker has continuously utilized this medication since 01/2014 without any evidence of objective functional improvement. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Outpatient [REDACTED] for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self management is the long term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general. As per the documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. It is also noted that the injured worker was pending authorization for a nutritional consultation. The medical necessity for the requested service has not been established. Therefore, the request is not medically appropriate at this time.

Relafen 750mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized this medication since at least 01/2014. There is no documentation of objective functional improvement. The guidelines do not recommend long term use of NSAIDs. As such, the request is not medically appropriate.