

Case Number:	CM15-0002250		
Date Assigned:	01/13/2015	Date of Injury:	04/13/2001
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 12/31/2009. The mechanism of injury was not stated. The current diagnoses include osteoarthritis of the right knee and chondromalacia of the right patella. The injured worker presented on 12/10/2014. The injured worker reported an improvement with the use of Pennsaid 1.5% solution. Upon examination, there was mild tenderness in the calf, as well as pain with straight leg raise. The right knee had moderate swelling and severe arthritis with range of motion noted at 30 to 90 degrees with tenderness along the joint line. X-rays obtained in the office showed severe arthritis of the right knee. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% apply to Pump Externally BID PRN on Knees with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition Chapter: Pain

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 (diclofenac sodium topical solution).

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 Official Disability Guidelines do not recommend Pennsaid as a first line treatment. Topical diclofenac sodium is recommended for osteoarthritis after failure of an oral NSAID or contraindication or an oral NSAID. There was no indication that this injured worker has failed to respond to oral NSAIDs. The injured worker is utilizing Celebrex once per day. The medical necessity for topical Pennsaid has not been established in this case. As such, the request is not medically appropriate.