

Case Number:	CM15-0131579		
Date Assigned:	07/17/2015	Date of Injury:	10/03/2008
Decision Date:	08/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old who has filed a claim for chronic wrist, hand, knee, and low back pain reportedly associated with an industrial injury of October 3, 2008. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for topical Pennsaid. An RFA form received on May 29, 2015 was referenced in the determination, as was a progress note dated April 27, 2015. The applicant's attorney subsequently appealed. On said April 27, 2015 progress note, the applicant reported ongoing complaints of hand, wrist, knee, and low back pain, aggravated by standing, walking, bending, and lifting. The applicant reported difficulty-sleeping secondary to pain. The applicant was nevertheless employed as a salesperson and athletic advisor, it was reported. The applicant did have difficulty performing prolonged standing, it was reported. The attending provider stated that the applicant's pain complaints were worsened on the grounds that some of the applicant's medications have not been approved. The applicant was on Norco, Neurontin, and Flector patches, it was reported. Toward the bottom of the report, Norco, Neurontin, and Pennsaid were endorsed. The applicant was given various diagnoses, including chronic wrist pain, chronic shoulder pain, and chronic knee pain. The applicant had ongoing issues with arthritis, it was reported. The applicant had undergone bilateral hip replacement procedures, it was reported. The applicant had MRI imaging of the left knee notable for advanced arthritic changes, it was suggested. On May 29, 2015, the applicant was described as using Norco, Neurontin, and topical Pennsaid. At the bottom of the report, the attending provider stated that he was endorsing prescriptions for Norco, Neurontin, and topical Voltaren gel.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac); Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: No, the request for topical Pennsaid was not medically necessary, medically appropriate, or indicated here. Topical Pennsaid is a derivative of topical Voltaren/diclofenac. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren/Pennsaid/diclofenac is indicated in the treatment of knee arthritis, as was/is present here, this recommendation is, however, 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 applicant-specific variables such as “other medications” into his choice of recommendations. Here, however, the attending provider did not reconcile his prescription for Pennsaid on April 27, 2015 with a subsequent prescription for another topical diclofenac derivative, Voltaren gel, on May 29, 2015. The attending provider also reported on April 27, 2015 that the applicant was currently using topical Flector patches, yet another topical diclofenac derivative, on that date. The attending provider did not, in short, furnish a clear or compelling rationale for what was framed as concomitant usage of so many different topical diclofenac derivatives, namely topical Pennsaid, topical Flector patches, and topical Voltaren gel. Therefore, the request was not medically necessary.