

Case Number:	CM15-0136338		
Date Assigned:	07/24/2015	Date of Injury:	06/18/2009
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female with an industrial injury dated 06/18/2009. The injured worker's diagnoses include right foot and ankle pain and left knee pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/04/2015, the injured worker reported left knee pain, right foot pain, ankle pain and depression. The injured worker reported that due to the ongoing denials of treatment her condition has regressed. Objective findings revealed tenderness to palpitation on the right foot and ankle, pain with patella femoral compression and mild left knee effusion. The treating physician reported that the x-ray of the right foot revealed mild arthritic changes in the first metatarsophalangeal (MTP) joint and some slight osteoporosis, unchanged from previous x-ray dated 03/5/2014. Right ankle x-ray revealed osteophyte on the plantar aspect of the calcaneus and sclerotic changes in the calcaneus and the right subtler joint with nonspecific changes from previous x-ray dated 3/5/2014. The treatment plan consisted of aquatic therapy, medication management and follow-up visit. The treating physician prescribed Pennsaid topical ointment 2%, right ankle (x 2 pumps), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid topical ointment 2%, right ankle (x 2 pumps): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: The claimant sustained a work injury in June 2009 and continues to be treated for left knee and right foot pain. When seen, she was having right ankle pain. Her past medical history included anemia, hyperlipidemia, and hypertension. Physical examination findings included a BMI of over 34. There was decreased right ankle range of motion with tenderness. Pennsaid and Norco were prescribed. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Pennsaid (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the right ankle amenable to topical treatment. No oral NSAID medication is being prescribed. The request was medically necessary.