

Case Number:	CM15-0145347		
Date Assigned:	08/07/2015	Date of Injury:	06/04/2014
Decision Date:	09/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/28/2015

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 56 year old female, who sustained an industrial injury on 6-4-2014. She reported a right knee injury. The mechanism of injury is not indicated. The injured worker was diagnosed as having right knee pain, right knee contusion, right knee internal derangement, right knee sprain and strain, and right lower extremity pain. Treatment to date has included right knee block injection (5-21-2015), medications, and physical therapy. The request is for Pennsaid. On 2-25-2015, she reported right knee pain rated 10 out of 10. She indicated physical therapy to have been no help. She is noted to have restricted range of motion and pain in all directions. The treatment plan included: CURES report, signed pain contract, prescriptions for: Tramadol, Naproxen, and urine drug screening. On 3-25-2015, she reported right knee and right lower extremity pain. On physical examination there is tenderness noted to the right knee area, with a restricted range of motion. On 5-21-2015, she underwent right knee block injection. The treatment plan included: right knee nerve block, and follow up in 4 weeks. Work status is indicated to be disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% 1 month supply: 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): 112.

Decision rationale: Based on the 5/25/15 progress report provided by the treating physician, this patient presents with right knee pain, right lower extremity pain exacerbated by prolonged sitting/standing. The treater has asked for Pennsaid 2% 1 month supply but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had a right knee MRI from 7/18/14 that showed free edge graying in the body of the medial meniscus per 2/25/15 report. The patient does not have a surgical history, and is not a surgical candidate per 5/25/15 report. The patient has failed conservative treatment such as physical therapy and NSAIDs per 5/25/15 report. The patient's prior medication has included Tramadol and Naproxen, and is currently taking Tylenol per 5/25/15 report. The patient's work status is disabled per 2/25/15 report. MTUS Topical Analgesics section under NSAIDs, pg. 111: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS, Topical Analgesics section under NSAID, pg. 112: FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000) In regard to the request for Pennsaid, a topical compound containing Diclofenac, this patient does meet guideline criteria. This patient presents with chronic right knee pain and right lower extremity pain. MTUS guidelines indicate that topical NSAID medications are appropriate for complaints in the peripheral joints. It appears the patient has failed an oral NSAID, which was prescribed in 2/25/15 report, as well as physical therapy. A trial of the requested Pennsaid appears reasonable to treat patient's chronic knee pain. The request IS medically necessary.