

<b>Case Number:</b>	CM15-0169114		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 40 year old, female who sustained a work related injury on 1-27-14. The diagnoses have included anterior pain left knee and left knee arthritis. Treatments have included anti-inflammatories (without resolution of pain), left knee injections, use of a knee brace, heat-ice therapy and home exercises. In the progress notes dated 6-17-15, the injured worker reports left knee pain behind the kneecap and along the patellar tendon. She reports pain while going up stairs, squatting and kneeling on her left knee. She reports pain at the patellar tendon. She has tried doing some jumping exercises and it causes her increased patellar pain. On physical exam, she has a 1+ effusion and approximately 10% atrophy in left thigh. She has pain with patellofemoral compression and crepitation at the medial facet and pain with direct palpation of the patellar tendon. She has some decreased range of motion. She is working modified duty. The treatment plan includes a left knee injection and a request for Pennsaid 2%. The Utilization Review, dated 8-17-15, non-certified the requested treatment of Pennsaid 2% because it does not meet the CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% x 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Pennsaid is Diclofenac topical solution and topical DMSO. With regard to topical Diclofenac sodium, the MTUS states: "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." I respectfully disagree with the UR physician's assertion that there is no pain or functional limitation. Per the medical records, it is noted that the injured worker has left knee pain behind the kneecap and along the patellar tendon. It was noted that she could not perform the duties of a job she was working. She reports she gets sharp pain and weakness when going up and down stairs to her left knee and quads. She cannot sleep due to the increased pain. The request is indicated for the injured worker's knee pain. The request is medically necessary.