

Case Number:	CM15-0182860		
Date Assigned:	09/23/2015	Date of Injury:	03/26/2014
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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 [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 26, 2014. In a utilization review report dated August 27, 2015, the claims administrator failed to approve a request for topical Pennsaid. The claims administrator referenced an August 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant reported ongoing complaints of bilateral knee and hip pain, 3/10 with medications versus 6/10 without medications. The applicant was on Motrin and Flexeril, stated toward the top of the note. The note was difficult to follow as it mingled historical issues with current issues. The applicant was described as having had historical issues with low back and shoulder pain. One section of the note stated that the applicant had developed acute pain complaints associated with a motor vehicle accident (MVA), while the other section of the note stated that the applicant had developed multifocal pain complaints secondary to cumulative trauma at work. The applicant exhibited a diagnosis of knee degenerative joint disease. Topical Pennsaid was endorsed. Repeat knee x-rays were also endorsed. It was not clearly stated whether the applicant was or was not working with limitations in place on this date. On July 21, 2015, the applicant reported ongoing complaints of bilateral hip pain. There is no mention of the applicant's using topical Pennsaid at this point. On June 25, 2015, the applicant was described as using Motrin and Flexeril for pain relief. There is no mention of the applicant's using topical Pennsaid on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% solution with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Yes, the request for topical Pennsaid was medically necessary, medically appropriate, and indicated here. Topical Pennsaid is a derivative of topical diclofenac/Voltaren. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical diclofenac (Voltaren)/Pennsaid is indicated in the treatment of small joint arthritis in joints amenable to topical application, such as the knees, i.e., the primary pain generator here. The applicant was described as having ongoing issues with knee pain secondary to knee arthritis on or around the date in question, August 20, 2015. The request for topical Pennsaid was framed as a first-time request for the same. Introduction of the same was indicated to ameliorate the applicant's issues with knee arthritis. Therefore, the request is medically necessary.