

Case Number:	CM15-0186370		
Date Assigned:	09/28/2015	Date of Injury:	11/27/2013
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/22/2015

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 37 year old female, who sustained an industrial injury on 11-27-2013. Medical records indicate the worker is undergoing treatment for left knee arthroscopy and residual right knee pain. A recent progress report dated 7-24-2015, reported the injured worker complained of left knee pain and right knee pain. Physical examination revealed left knee slight effusion and right knee moderate tenderness with minimal swelling. Right knee magnetic resonance imaging showed right patellar tendinosis and small effusion. Treatment to date has included pending orthovisc injections, physical therapy, Ibuprofen and Pennsaid 1.3%, ten drops on each side of the knee (since at least 1-20-2015). On 7-27-2015, the Request for Authorization requested Pennsaid 1.3%, ten drops on each side of the knee every day. On 9-4-2015, the Utilization Review noncertified the request for Pennsaid 1.3%, ten drops on each side of the knee every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.3%, ten drops on each side of the knee every day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 11/27/15 and presents with left and right knee pain. The request is for Pennsaid 1.3%, ten drops on each side of the knee every day. There is no RFA provided and the patient is suppose to be on light duty but her employer is not following her restrictions, i.e. she was to do limited standing and walking. The patient has had prior Pennsaid drops to the knee since 01/20/15. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "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." The patient is diagnosed with left knee pain status arthroscopy on 04/23/14 (rule out internal derangement or recurrent meniscal tear) and right knee pain (rule out internal derangement). The patient does present with knee pain, which Pennsaid is indicated for. MTUS guidelines indicate that topical NSAID medications are appropriate for complaints in the peripheral joints. However, the patient has been prescribed Pennsaid at least since 01/20/15 and MTUS does not recommend use of NSAIDs topicals for longer than two weeks. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.