

Case Number:	CM15-0187888		
Date Assigned:	09/29/2015	Date of Injury:	03/31/2014
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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, Hawaii
 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 45 year old female, who sustained an industrial injury on March 31, 2014, incurring bilateral knees and right ankle injuries. She was diagnosed with chondromalacia, patellar tendinitis, and right ankle sprain and tendon tenosynovitis. Treatment included physical therapy, topical analgesic cream, anti-inflammatory drugs, exercise, rest, ice application, and work and activity restrictions. Currently, the injured worker complained of pain, stiffness, swelling, clicking and locking in the right knee. The injured worker rated the knee pain 8 out of 10 on a pain scale from 1 to 10. She had numbness, tingling, and weakness of the right knee. She complained of constant knee pain increased with walking, sitting, standing, bending, lifting, driving and sneezing. She noted difficulty climbing and descending stairs. Her pain was alleviated with medications and ice. She underwent a right peroneal tendon injection. A right knee Magnetic Resonance Imaging was performed on April 9, 2015, and revealed patellar tendinosis and patellar chondromalacia with no meniscal tear. She was diagnosed with an internal derangement of the right knee. The treatment plan that was requested for authorization on September 24, 2015, included a prescription for Pennsaid 2% (Diclofenac topical). On September 8, 2015, a request for Pennsaid 2% topical analgesic cream was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% (diclofenac topical) specified quantity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation National Library of Medicine (PubMed) Topical NSAIDs.

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

Decision rationale: The patient presents with diagnoses with internal derangement of the right knee. The patient recently complained of constant knee pain increased with walking, sitting, standing, bending, lifting, driving and sneezing. The current request is for Pennsaid 2% (diclofenac topical) specified quantity. The treating physician states in the 8/26/15 (3A) treating report, "I am re-requesting Pennsaid 2% solution, apply 2 pumps to affected area up to b.i.d. #1 bottle x1." Pennsaid contains diclofenac sodium in topical solution, which is an NSAID. MTUS Guidelines support the usage of NSAID topical analgesics for the treatment of peripheral joint arthritic and tendonitis pain. In this case the clinical history notes that the patient is working modified duty and at the end of the workday, "her knee and ankle are swelled up and she is in considerable pain." The clinical history additionally notes in the treating report dated 7/1/15 (5A) that the patient suffers from "mild patellar tendinosis and mild patellar chondromalacia with no full thickness chondral defect." MTUS supports topical NSAID treatment for this condition. The current request is medically necessary.