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| Case Number: | CM15-0189528 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 05/22/2009 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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:

This is a 46 year old male with a date of injury on 5-22-09. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain. Progress report dated 8-19-15 reports continued complaints of right knee pain rated 7 out of 10. The injured worker reports the right knee brace is not working. Objective findings: right knee tenderness and pain with range of motion. Prescription for Pennsaid given with samples. Urine toxicology reviewed no result given. On 8-4-15 the injured worker stated that medications provide 50% reduction in pain and 40-50% improvement in function and activities of daily living. As of 8-20-15 medications listed were Norco, cimzia and cymbalta. Request for authorization dated 8-25-15 was made for Pennsaid 2% as related to the shoulder, wrists and bilateral knee injuries as outpatient. Utilization review dated 9-1-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Per the medical records, the injured worker suffers from continued right knee pain rated 7/10. The injured worker has been diagnosed with rheumatoid arthritis, and tendinitis of the knee. I respectfully disagree with the UR physician's denial based upon a lack of documented functional improvement; this appears to be the first prescription. The request is indicated for the injured worker's knee pain. The request is medically necessary.