

Case Number:	CM15-0197112		
Date Assigned:	10/12/2015	Date of Injury:	12/09/2013
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency 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 50-year-old male injured worker suffered an industrial injury on 12-9-2013. The diagnoses included right knee degenerative joint disease, low back pain and bilateral carpal tunnel. On 9-25-2015, the treating provider reported right knee pain without medication rated 4 out of 10. On exam, the lumbar spine had reduced range of motion with tenderness and hypertonicity along with positive facet loading. The right knee had restricted range of motion with crepitus and tenderness along with mild effusion. McMurray's test was positive. He sues Tens unit with mild relief. Prior treatment included right knee surgery 1995, 1996 and 2011, physical therapy, Advil and Percocet. The Utilization Review on 10-1-2015 determined non-certification for Topical Pennsaid 2% solution (bottle) qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Pennsaid 2% solution (bottle) qty: 1: Upheld

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

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

Decision rationale: The requested Topical Pennsaid 2% solution (bottle) qty: 1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has right knee pain without medication rated 4 out of 10. On exam, the lumbar spine had reduced range of motion with tenderness and hypertonicity along with positive facet loading. The right knee had restricted range of motion with crepitus and tenderness along with mild effusion. McMurray's test was positive. He uses Tens unit with mild relief. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical Pennsaid 2% solution (bottle) qty: 1 is not medically necessary.