

Case Number:	CM15-0208769		
Date Assigned:	10/27/2015	Date of Injury:	02/24/2011
Decision Date:	12/14/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 24, 2011. In a Utilization Review report dated October 16, 2015, the claims administrator failed to approve a request for topical Pennsaid. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 21, 2015, the applicant reported ongoing issues with chronic knee pain. The applicant was described as obese, standing 5 feet 2 inches tall and weighing 189 pounds. The attending provider stated in the current medications selection, the applicant was in fact using [oral] diclofenac. Topical Pennsaid was also endorsed to ameliorate issues with bilateral knee arthritis. The treating provider contended that the applicant needed to alternate topical Pennsaid with oral diclofenac if and when she developed dyspepsia with latter. On September 21, 2015, the applicant reported 7/10 bilateral knee pain complaints. Topical Pennsaid was endorsed. The applicant was again described as obese. The applicant was again described as having diagnosis of bilateral knee arthritis. The applicant's work status was not clearly reported. There was no mention of the applicant using topical Pennsaid on historical office visits of May 21, 2015 or March 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% apply to the left knee bid #1 month supply with 1 refill: Overturned

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: Yes, the request for topical Pennsaid, a derivative topical diclofenac/Voltaren, was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren/Pennsaid is indicated in the treatment of arthritic pain in joints, which lends themselves towards topical application, such as the knees, i.e., the primary pain generators here. Introduction of topical diclofenac was, thus, indicated on around the date in question. Therefore, the first-time request for topical Pennsaid (diclofenac) was medically necessary.