MAXIMUS Federal Services

Case Number:	CM15-0026427		
Date Assigned:	02/18/2015	Date of Injury:	04/01/2011
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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 55 year old male, who sustained an industrial injury on April 1, 2011. He reported bilateral knee pain. The injured worker was diagnosed as having pain in the lower leg, localized primary osteoarthrosis of the lower leg and knee pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention on the knee, conservative therapies, pain injections to the knees, medications and work restrictions. Currently, the injured worker complains of bilateral knee pain. The injured worker reported an industrial injury in 2011, resulting in bilateral knee pain. He has been treated conservatively and surgically without complete resolution of the pain. Evaluation on January 14, 2015, revealed no change in pain, poor sleep quality and an unchanged quality of life since the last visit. However, he did report adequate pain relief with medications. Evaluation on February 11, 2015, revealed continued pain rated at a 7 on a 1-10 scale with medications and a 9 without medications. He was noted to use oral and topical pain medications with no signs of dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% pump 20mg/gram/actuation 2%, 2 pumps twice day on affected knee #1:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient has a date of injury of 04/01/2011 and presents with complaints of right knee pain. The current request is for Pennsaid 2% pump 20 mg/g/actuation 2%, 2 pumps twice a day on affected knee #1. Pennsaid is an NSAID. The MTUS Guidelines page 111 allows for the use of topical NSAID for peripheral joint arthritis and tendinitis. Examination of the right knee revealed crepitus with active movement, tenderness to palpation over the medial joint line and patella, mild effusion in the right joint, and positive patellar grind test. The patient presents with knee pain and topical NSAID may be indicated. Furthermore, the treating physician continually notes the patient has decrease in pain with current medications, which includes Pennsaid topical. On average, patient's pain decreases from a 9/10 to 5/10 with medications. It was noted the patient could walk 15 to 20 minutes with medications, compared to being unable to walk without medications. In this case, the patient meets the indication for the use of a topical NSAID and given the treating physician's continued documentation of medication efficacy, the requested Pennsaid topical is medically necessary.