

Case Number:	CM15-0211552		
Date Assigned:	10/30/2015	Date of Injury:	05/23/2014
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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:

The injured worker is a 51-year-old male, with a reported date of injury of 05-23-2014. The diagnoses include left knee arthritis and status post left medial compartment arthroplasty. The new patient consultation report dated 09-25-2015 indicates that the injured worker complained of anterior left knee pain, to the anterior aspect just under the incision. He experienced increased pain and swelling with walking and increased pain with physical therapy. On 09-03-2015, it was noted that the injured worker rated his pain 4 out of 10; and on 08-13-2015, it was noted that his pain level was rated 6 out of 10. The objective findings include a well-healed incision down the anterior aspect of the left knee; no pain with direct palpation along the medial joint line of the left knee; generalized pain to the anterior aspect of the left knee; left knee range of motion was 0-95 degrees; and no excessive varus or valgus instability. It was noted that the injured worker tried to return back to work with modified duties, but could not tolerate it. The injured worker was deemed temporary total disabled. The diagnostic studies to date have included x-rays of the left knee on 07-14-2015 which showed small left knee effusion and intact left medial compartment hemiarthroplasty. Treatments and evaluation to date have included a left medial compartment arthroplasty on 05-29-2015, a walking program, physical therapy, Naprosyn, Ibuprofen, Norco, ice treatment, and home exercise. The request for authorization was dated 10-06-2015. The treating physician requested Pennsaid 2% pump for topical use to provide the injured worker more comfort during therapy. The ointment is to be applied to the left knee, to provide relief of pain and decreased swelling. On 10-13-2015, Utilization Review (UR) non-certified the request for Pennsaid 2% pump for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% pump for topical use: 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: Pennsaid is diclofenac topical solution and topical DMSO. With regard to topical diclofenac sodium, the MTUS states: "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Per the medical records submitted for review, the injured worker is diagnosed with left knee arthritis and is status post left medial compartment arthroplasty. I respectfully disagree with the UR physician's assertion that the use of this medication requires a failure of antidepressants or anticonvulsants; that is a requirement for topical lidocaine. The request is indicated for the injured worker's knee pain. The request is medically necessary.