

<b>Case Number:</b>	CM15-0212732		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 70 year old female, who sustained an industrial injury on 04-21-2010. The injured worker is currently permanent and stationary and not working. Medical records indicated that the injured worker is undergoing treatment for knee pain. Treatment and diagnostics to date has included medications. Recent medications have included Pennsaid solution (prescribed since at least 04-30-2015), Percocet, Aspirin, Atenolol, Clonidine, Glipizide, Hydralazine, Lipitor, Metformin, Lisinopril, and Venlafaxine. Subjective data (08-27-2015 and 09-24-2015), included bilateral shoulder, wrist, and knee pain rated 6 out of 10 with medications and 8-9 out of 10 without medications. Objective findings (09-24-2015) included restricted range of motion to bilateral knees with tenderness to palpation and mild effusion to knee joints. The request for authorization dated 09-24-2015 requested Pennsaid 2% solution, apply to affected area twice a day as needed x 1 and Percocet. The Utilization Review with a decision date of 10-01-2015 denied the request for Pennsaid 2% solution, apply to affected area twice a day as needed x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% solution:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended. In this case there is no documentation of a failure of oral NSAIDs or another first line agent. Thus the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.