

<b>Case Number:</b>	CM15-0217497		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 37 year old male who sustained an industrial injury on 11-22-13. A review of the medical records indicates he is undergoing treatment for status post right ankle arthroscopy, excision chip fracture and mild posterior tibial tendonitis symptoms and lumbar strain, L4-5 disc protrusion, facet arthropathy aggravated with compensatory antalgic gait pattern. Medical records (6-11-15, 7-31-15, and 10-2-15) indicate ongoing complaints of low back pain and intermittent right medial ankle pain. The physical exam (10-2-15) reveals tender paraspinal muscles in the lumbar spine. "Trace" limited extension is noted with discomfort on facet loading bilaterally. The straight leg raise is negative bilaterally. "Trace" tenderness to palpation is noted of the right ankle. The provider indicates "good strength" and "ankle stable". Treatment has included physical therapy, a home exercise program, and modified work duties. Voltaren gel was ordered, but denied by insurance carriers. The utilization review (10-13-15) includes a request for authorization of Pennsaid 20mg per gram #112 for 28 days with 1 refill. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 20 mg/G, topical NSAID, Qty 112 with 1 refill, 28 day supply: 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 guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. Per the medical records submitted for review, the injured worker is being treated for status post right ankle arthroscopy and left ankle tendonitis symptoms. I respectfully disagree with the UR physician, the request is indicated for the injured worker's ankle pain. The request is medically necessary.