

Case Number:	CM15-0031020		
Date Assigned:	02/24/2015	Date of Injury:	06/01/2006
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 71 year old female, who sustained an industrial injury on 06/01/2006. She has reported bilateral knee pain. The diagnoses have included bilateral knee contusions. Treatment to date has included medications and home exercise program. Medications have included Pennsaid 2% Solution. A progress note from the treating physician, dated 02/02/2015, documented a follow-up visit with the injured worker. The injured worker reported bilateral knee pain, left knee pain greater than right knee; knee pain is rated at 4/10 on the visual analog scale, and increases to 5-6/10 at the end of the day; and Pennsaid solution is tolerated well and has been used for approximately 3-4 years with benefit. Objective findings included minimal effusion of the left knee; joint line tenderness bilaterally with crepitus; and range of motion slightly decreased. Request is being made for prescription medication Pennsaid 2% solution. On 02/10/2015 Utilization Review noncertified a prescription for Pennsaid Sol 2%. The CA MTUS was cited. On 02/12/2015, the injured worker submitted an application for IMR for review of Pennsaid Sol 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Sol 2%: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. There is no evidence of efficacy of Pennsaid for the treatment of knee pain. In addition, there is no evidence of long term benefit of topical NSAID. Based on the above, the prescription of Pennsaid for long term is not recommended. Based on the above, Pennsaid 2% is not medically necessary.