

Case Number:	CM15-0048280		
Date Assigned:	03/20/2015	Date of Injury:	12/21/2008
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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, Hawaii
 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 41 year old male who sustained an industrial injury on 12/21/08 when he was hit by another vehicle resulting in bilateral knee and pelvic fracture. He remained hospitalized for one month for left patella femur, pelvic fractures and right knee symptoms. He wore a knee brace following anterior cruciate ligament reconstruction in 2009. He is currently experiencing sharp bilateral knee pain and swelling. Medications include Duloxetine, Norco, Diclofenac, Pennsaid Diclofenac, and Prednisone. His activities of daily living are limited due to chronic pain. Diagnoses include old anterior cruciate ligament disruption; synovitis and tenosynovitis. Treatments to date include medications which are helpful in reducing pain, cortisone injections three times per year which reduced severity of pain for up to three weeks, knee brace, and physical therapy. Diagnostics included bilateral knee x-rays (10/6/14); MRI right knee (10/9/14) showing anterior cruciate ligament graft failure. There is a request for Pennsaid 2% dated 2/5/15 and in the progress note dated 2/5/15 the treating provider's treatment plan includes Pennsaid Diclofenac 2% solution to painful region to reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% topical lotion: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Diclofenac, topical (Flector®, Pennsaid®, Voltaren® Gel).

Decision rationale: The patient presents with bilateral knee pain and aching left thigh intermittently. The current request is for Pennsaid 2% topical lotion. Pennsaid solution is diclofenac sodium, a topical NSAID. The treating physician states on 2/5/15 (25) "Pennsaid Diclofenac 2% topical solution, 2 pumps twice a day to painful region to reduce pain. ODG states the following with regards to Diclofenac, topical: "Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac." In this case, the treating physician has documented the patient's adverse effects to oral NSAIDs. The current request is medically necessary and the recommendation is for authorization.