

Case Number:	CM15-0054705		
Date Assigned:	03/30/2015	Date of Injury:	07/17/2001
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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
 Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on 7/17/2001. The history notes a previous right knee arthroscopy in 1991. His diagnoses, and/or impressions, include cervicalgia; cervical subluxation with left cervical 6 facet fracture; cervical spondylolisthesis; cervicogenic headache; status-post right shoulder rotator cuff repair; left foot clinical medial plantar nerve peripheral neuropathy; medial meniscus tear - right knee; neck, knee and shoulder pain; and cervical disc disorder. No current x-rays or magnetic resonance imaging studies are noted. His treatments have included right shoulder arthroscopy (2002); nerve conduction studies of the bilateral lower extremities and qualified medical examination (2008); right elbow surgery (2013); right knee surgery on 3/27/2014; medication management; physical therapy and home exercise program; and a permanent and stationary work status with work preclusions. The physician's notes of 2/17/2015 report bilateral shoulder, increased on the left, and knee pain, improved with medication. The physician's requested treatments included Pennsaid 1.5% solution to the affected areas of the bilateral knees, as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Pennsaid 1.5% solution #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, although the worker used Pennsaid for many months leading up to this request for renewal, NSAIDs, even topical NSAIDs are recommended to not be used chronically as such. Also, there was insufficient recent reporting of specific functional gains and pain reduction directly and independently related to the Pennsaid use, which might have helped justify its continuation. Therefore, the Pennsaid is not medically necessary.