

Case Number:	CM15-0057872		
Date Assigned:	04/02/2015	Date of Injury:	12/14/1999
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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
 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 72 year old male, who sustained an industrial injury on 12/14/1999. Treatment to date has included multiple knee surgeries, physical therapy, radiographic imaging, cortisone injections, TENS unit, home exercise and medications. Diagnoses included sprains and strains of knee and leg not otherwise specified enthesopathy of knee and pain in joint of lower leg. Currently, the injured worker complains of ongoing pain in the bilateral knees, right greater than left and numbness of the toes on both feet. Treatment plan included Pennsaid 2%, two pumps to the right knee, home exercise program as tolerated and follow up in 2-3 months. He was getting Duragesic from another provider. The injured worker was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% - 2 pumps to right knee BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Pain Outcomes and Endpoints Page(s): 111-113, 8-9.

Decision rationale: The patient presents with ongoing pain the bilateral knees, right greater than the left side. The request is for PENNSAID 2%- 2 PUMPS TO RIGHT KNEE BID. There is no RFA provided and the patient's date of injury is 12/14/99. Diagnoses included sprains and strains of knee and leg not otherwise specified, enthesopathy of knee and pain in joint of lower leg. Per 03/03/15 report, physical examination to the knee revealed tenderness to palpation over the patella. A well-healed scar over the anterior knee extending above and below the knee. Right leg is 1/2 discrepancy with the left and is shorter than the left. The patient has an antalgic gait. Treatment to date has included multiple knee surgeries, physical therapy, radiographic imaging, cortisone injections, TENS unit, home exercise and medications. The patient is permanent and stationary. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics under the section on "topical NSAIDs" states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Treater has not provided a reason for the request. Per provided medical reports, the patient was prescribed Pennsaid on treater reports dated 10/28/14, 03/03/15 and 03/10/15. MTUS guidelines state Pennsaid is indicated for peripheral joint arthritis tendinitis. The patient does present with knee pains but the treater does not discuss how this topical is being used and with what efficacy. On-going use of medications are not recommended without documentation of its effectiveness. The request IS NOT medically necessary.