

Case Number:	CM15-0086836		
Date Assigned:	05/11/2015	Date of Injury:	04/02/2012
Decision Date:	08/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old male who sustained a work related injury April 2, 2012. Past history included right knee arthroscopic surgery 15 years ago, left total knee replacement 2011, and hypertension. X-ray of the right knee, dated December 15, 2014, (report present in the medical record) revealed tricompartmental osteoarthritis of the right knee. According to a primary treating physician's progress report, dated January 19, 2015, the injured worker presented for a follow-up visit. Objective findings included antalgic gait, slowed gait without use of assistive devices. Examination of the cervical spine revealed tenderness in the rhomboids and trapezius, Spurling's maneuver produces no pain in the neck musculature. There is tenderness to palpation over the lateral and medial epicondyle and Tinel's sign is positive. Examination of both wrists finds Phalen's and Tinel's signs positive. Inspection of both knee joints revealed vertical surgical scar to the left knee. Range of motion is restricted with flexion limited to 100 degrees but normal extension. Tenderness to palpation is noted over the lateral and medial joint line. There is 1+ effusion in both knee joints. Light touch sensation is decreased over thumb, index finger, middle finger, ring finger, little finger, medial hand, lateral hand medial forearm, lateral forearm on both sides. Diagnoses are extreme pain; lateral epicondylitis; peripheral and ulnar neuropathy; carpal tunnel syndrome; knee pain. At issue, is the retrospective request for authorization for Pennsaid 2% pump, date of service January 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pennsaid 2% pump 20mg/gram/actuation Qty: 6 with a date of service of 1/19/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for right knee pain. When seen, his pain was unchanged. Physical examination findings included a slow gait. There was cervical spine and bilateral elbow, wrist, and knee tenderness. There was left hand tenderness. There was decreased upper extremity strength and decreased bilateral upper extremity sensation. Medications were refilled including Mobic and Pennsaid. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Mobic (meloxicam) is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.