

<b>Case Number:</b>	CM14-0123322		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 64-year-old gentleman was reportedly injured on December 9, 2011. The mechanism of injury was having two boxes of machinery fall on him. The most recent progress note, dated June 24, 2014, indicates that there were ongoing complaints of left knee pain. The knee pain was rated at 3/10. The physical examination demonstrated slight swelling of the left knee and moderate tenderness. There was normal left knee range of motion. Diagnostic imaging studies of the left knee revealed postoperative changes of the medial femoral condyle and MCL as well as a probable partial intrasubstance tear of the ACL. Previous treatment includes left knee surgery, physical therapy, Synvisc injections, and medications. A request had been made for Pennsaid 2% topical and was not certified in the pre-authorization process on July 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% topical, two pumps twice a day to left knee #1 bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The July 14, 2014 progress note did not discuss any indication why oral medications cannot be employed. There is a note indicating some success with this topical medication; however, the criterion for this as outlined in the MTUS was not presented in the narrative. The record provides no documentation that the injured employee has any difficulties with taking oral anti-inflammatory medications. Additionally, Visco supplementation has been sought. This would speak against continuing the topical non-steroidal. Therefore, this request for Pennsaid 2% topical is not medically necessary.