

<b>Case Number:</b>	CM14-0123592		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/09/1997
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 injured worker is a 64year old male with a date of injury of 9/9/97 with related left knee and lower back pain. Per progress report dated 7/18/14, the injured worker rated his pain 6/10 with medications and 10/10 in intensity without medications. Per physical exam, left knee active range of motion was 0-110 degrees. There was crepitus in the left knee. Straight leg raising test was negative bilaterally. A MRI of the lumbar spine dated 1/2/09 revealed degenerative changes producing moderate multifactorial acquired stenosis at L5-S1 and mild bilateral neural foraminal narrowing; mild stenosis L4-L5. The date of UR decision was 7/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2%:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Pennsaid

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

**Decision rationale:** Pennsaid is Diclofenac topical solution and topical DMSO. With regard to topical Diclofenac sodium, the MTUS states: "Indicated for relief of osteoarthritis pain in joints

that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." The request is indicated for the injured worker's knee pain. I respectfully disagree with the UR physician's assertion that the use of topical NSAIDs requires the failure of, or contradictions to oral NSAIDs; the MTUS does not mandate this. The request is medically necessary.