

Case Number:	CM14-0143973		
Date Assigned:	09/12/2014	Date of Injury:	07/16/2010
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 43-year-old female who reported an injury on 07/16/2010 while working as an assistant. She was in a basement, sweeping water towards a pump as the basement was flooded at the time. She heard a pop to the knee and fell on the cement floor. The injured worker complained of knee pain. The injured worker had diagnoses of left knee pain, left medial meniscus tear and left ACL tear status post repair, and chronic pain syndrome. The past treatments included physical therapy, medication, and injections to the knee. The diagnostics included x-ray and MRIs. The MRI of the left knee dated 04/23/2012 revealed chondromalacia patellofemoral and medial compartments with intact ACL graft, condylar roof overlies the anterior tibial tunnel, which may predispose to graft impingement and previous partial medial meniscectomy with extrusion of the residual meniscal body fragment along the joint margin. The injured worker complained of constant stabbing, aching pain with numbness with medications 7/10, and without medications 10/10 using the VAS. The examination of the left knee dated 09/16/2014 revealed mild joint effusion on the left knee, unable to bend knee, stays in extended position with tenderness to the medial aspect of the left knee. Ambulated with a standard cane to the left knee straight with hip hiking. The medications included Percocet, Pennsaid, Celebrex, and Arthrotec. The treatment plan included the Pennsaid. The Request for Authorization dated 09/12/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% #112g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs), Page(s): 111.

Decision rationale: The California MTUS Guidelines do not recommend Pennsaid as a first line treatment. Diclofenac, the equivalent of Pennsaid, is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations for the treatment of the signs and symptoms of osteoarthritis of the knee. Diclofenac would be recommended for treatment of osteoarthritis and tendinitis of the knee, elbow, or other joints that are amenable to topical treatment. The included medical documents lack evidence of the injured worker having any contraindications to oral pain medications, and also lack evidence that these medications failed to meet the provider's expectations of pain relief. The request did not indicate the frequency or dosage. As such, the request for Pennsaid 2% #112g is not medically necessary.