

<b>Case Number:</b>	CM14-0150864		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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:

This 62 year old injured worker had a date of injury on 11/26/2002. In a progress noted dated 7/17/2014, the injured worker complains of bilateral ankle and feet pain, with left ankle now worse than right ankle. Pain is aggravated by standing, walking, bending and lifting. On a physical exam dated 7/17/2014, there was limited range of motion in right ankle, tenderness over the right subtalar joint, numbness in the dorsal aspect of right foot. He is unable to tolerate oral NSAIDS, and Voltaren gel helps with pain and inflammation. The diagnostic impression shows right ankle injury/tendon tear, status post multiple surgeries on right ankle including right ankle fusion, and low back pain. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 9/9/2014 denied the request for Pennsaid 2 percent 224g #1 1159F, stating that there is little to no evidence to support topical NSAIDs for treatment of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% 224g #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

**Decision rationale:** CA MTUS does not address this issue. ODG states that Pennsaid (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide) is FDA-approved for osteoarthritis of the knee. However, ODG then goes on to state that Pennsaid is not recommended as a first-line treatment; topical diclofenac 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. In a progress report dated 7/22/2014, the injured worker was not diagnosed with osteoarthritis of the knee, and the subjective complaints appear to be bilateral ankle pain. Furthermore, the documentation provided revealed that this injured worker was a candidate for a trial of opiates and was given a prescription for Norco 5/325 #60. Therefore, the request for Pennsaid 2% 224gm #1 is not medically necessary.