

<b>Case Number:</b>	CM14-0093389		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 7/6/99 date of injury. At the time (5/29/14) of request for authorization for Pennsaid Topical Analgesic Lotion, unspecified quantity, there is documentation of subjective (low back pain) and objective (no pertinent findings) findings, current diagnoses (chronic low back pain, bilateral lower extremity radiculopathy, and right knee internal derangement), and treatment to date (medications (including Topamax, Opana, Zanaflex, Effexor, and topical Pennsaid)). There is no documentation of failure of an oral Non-Steroid Anti-Inflammatory Drugs (NSAIDs) or contraindications to oral NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Pennsaid Topical Analgesic Lotion use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid Topical Analgesic Lotion, unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral Non-Steroid Anti-Inflammatory Drugs (NSAIDs). Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, bilateral lower extremity radiculopathy, and right knee internal derangement. In addition, there is documentation of ongoing treatment with topical Pennsaid. However, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Pennsaid Topical Analgesic Lotion use to date. Furthermore, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Pennsaid Topical Analgesic Lotion, unspecified quantity is not medically necessary.