

<b>Case Number:</b>	CM14-0104430		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/29/2003
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 52-year-old female, who sustained an industrial injury on 03/29/2003. She has reported subsequent low back and knee pain and was diagnosed with chronic pain syndrome, lumbago, pain in joint of the lower leg and opioid dependence. Treatment to date has included oral and topical pain medication, cortisone injection of the knee and a home exercise program. In a progress note dated 06/05/2014, the injured worker complained of low back pain that was rated as 7/10. Objective findings were notable for an antalgic gait favoring the right, joint tenderness to palpation of the bilateral knee joints and crepitus, joint swelling over the knees, effusion of both knees and very limited range of motion of the left knee. A request for authorization of Pennsaid 20 mg/gram/acuation 2% topical sin in metered dose pump was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 20mg/gram/acuation 2% Topical soin in metered-dose pump #1 112gm bottle with 2 refills:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. There is no evidence of efficacy of Pennsaid for the treatment of the cervical, back, knee and shoulder pain. In addition, there is no evidence of long term benefit of topical NSAID. There is no documentation of intolerance or failure of first line medications. There is no rationale as to why the powder form of the medication is necessitated over the recommended oral form. Based on the above, the request for Pennsaid 20mg/gram/acuation 2% Topical soin in metered-dose pump #1 112gm bottle with 2 refills is not medically necessary.