

Case Number:	CM15-0013969		
Date Assigned:	02/02/2015	Date of Injury:	01/25/2000
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male with an industrial injury dated 01/25/2000 resulting in a head injury. His diagnoses include neck pain, thoracic spine pain, lumbar spine pain status post fusion, left knee pain status post-surgery, and right knees pain status post-surgery (times 2). Recent diagnostic testing was not submitted or discussed. He has been treated with surgery to both knees (dates not provided), lumbar fusion surgery (date not provided), and medications. In a progress note dated 12/13/2014, the treating physician reports head, neck, back, hip and bilateral knee pain with increased pain without medications. The objective examination revealed tenderness to the joint lines of both knees with negative testing, and limited range of motion of the lumbar spine. The treating physician is requesting Pennsaid drops which was denied by the utilization review. On 01/16/2015, Utilization Review non-certified a prescription for Pennsaid drops 1 bottle with 3 refills, noting the non-recommendation of topical analgesic creams or patches due the experimental results and the lack of known efficacy. The MTUS Guidelines were cited. On 01/23/2015, the injured worker submitted an application for IMR for review of Pennsaid drops 1 bottle, quantity #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid drops #1 bottle Qty: 3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-112. Decision based on Non-MTUS Citation Webb M.D., Pennsaid topical DICLOFENAC SOLUTION PUMP - TOPICAL.

Decision rationale: The injured worker is being treated for chronic spinal and bilateral knee pain status post lumbar fusion. Records indicate remote history of traumatic knee injuries. Radiologic results are not available for review. Physical examination is notable for muscle paraspinal tenderness and gives way weakness in the limbs secondary to pain. Neurologic exam is normal. Healed surgical knee scars are noted bilaterally. There is also notation of significant crepitus and joint line tenderness without evidence of effusion. For knee pain, treatment is being provided with Pennsaid drops 2%, which is topical diclofenac. MTUS guidelines recommend topical NSAIDs for short-term use usually up to 12 weeks. Diclofenac is approved for osteoarthritis pain of knees. Clinically, the patient presents with osteoarthritis pain of the knees with a stable clinical response from current pharmacologic pain regimen without adverse effects from Pennsaid drops 2%. The request is therefore medically necessary.