

Case Number:	CM15-0127103		
Date Assigned:	07/13/2015	Date of Injury:	02/06/1993
Decision Date:	08/07/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 88-year-old female patient who sustained an industrial injury on 02/06/1993. A recent primary treating follow up visit dated 06/22/2015 reported subjective complaint of having neck, bilateral wrists, low back and bilateral knee pain, left side worse. She is currently utilizing Norco one tab as needed for exacerbations. Of note, the doctor had been giving some samples of Pennsaid, which have shown to improve her gait and activity level and is able to take less medication. Overall, the patient is reporting functional improvement and pain improvement with current medication regimen. The following diagnoses were applied: strain/sprain, herniated disc, cervical spine; strain/sprain, herniated disc, lumbar spine; status post bilateral knee arthroscopy and meniscectomy; strain/sprain, right wrist; status post radial styloid fracture, left wrist, secondary to fall from legs giving way, and osteoarthritis bilateral knees. The plan of care noted prescription for Pennsaid, continue with symptomatic care and medical care through primary treating, signed Opioid agreement and obtain a urine toxicology screen. The patient is to remain permanent and stationary as before. The patient reported having had fallen in her kitchen on 03/14/2014 with resulting right knee and right elbow pain. She has been treating with ice application and rest but the knee is still painful. She also is with subjective complaint of having increased low back pain as well as right groin pain. There is recommendation to obtain a wheel chair through rental due to difficulty with ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% Topical Solution 112gm: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Pain (Chronic) (updated 06/15/2015) regarding Diclofenac/Pennsaid (diclofenac sodium topical solution).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Pennsaid, Topical Analgesics.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. ODG states regarding Pennsaid, "Not recommended as a first-line treatment. See the Diclofenac Sodium listing, where 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." The patient does appear to have osteoarthritis, of which Pennsaid can be used to treat if criteria are met. With the patient's age, she would be at increased risk for GI complications with oral NSAID therapy. Additionally, the treating physician has documented a decrease in opioid use and increased level of function with the use of this medication. As such, the request for Pennsaid 2% Topical Solution 112gm is medically necessary.