

Case Number:	CM15-0127276		
Date Assigned:	07/13/2015	Date of Injury:	08/14/2012
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 57 year old male who sustained an industrial injury on 8/14/12 the result of a twisting incident involving his right knee. He complained of left knee pain (per 8/15/12 note) and was diagnosed with left knee and left leg sprain. He had x-rays of the left knee which were normal. He was given naproxen, cold pack, heat pack, hinged knee support and a cane. He currently has injury to both knees and is status post left total knee replacement and is waiting for right knee joint replacement, but he currently has cardiac issues and is on an anticoagulant. He has pain along the right knee and medial and lateral joint line with swelling and decreased range of motion; there was tenderness along the left knee from overcompensating with swelling across the joint line. He uses a cane for ambulation. On physical exam there was tenderness on palpation of the left knee, crepitus and clicking with restricted range of motion due to pain. Medications were naproxen, Remeron, Flexeril, Tramadol, gabapentin. He uses the medication to be functional and with Naprosyn has a 40% increase in his ability to perform activities of daily living. He can walk and do light activities. Diagnoses include status post left knee replacement from 2012 injury; left knee meniscal tear; left knee internal derangement; left knee pain; left knee sprain/strain; diabetes; right knee internal derangement with bone-on-bone from 2003 incident; chronic pain syndrome. Treatments include medications; bracing; hot/cold wraps; transcutaneous electrical nerve stimulator unit; physical therapy. In the progress note dated 2/5/15 the treating provider's plan of care indicates awaiting response to the 1/7/15 appeal request of denial of Pennsaid 2% (one month supply with date of service 11/5/14) as it provides

40% decrease in inflammatory knee pain with 40% improvement of basic activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%: Upheld

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

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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid 2% is not recommended. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pennsaid is FDA approved for osteoarthritis of the knee. Pennsaid is not recommended as a first line treatment. In this case, the injured worker's working diagnoses are status post left knee replacement; left knee meniscal tear; left knee internal arrangement; left knee pain; left knee sprain strain; and hypertension/diabetes. Objectively, there is tenderness to help patient with decreased range of motion over the left knee. Motor strength is normal and there is crepitus on examination. There are no medications documented in the medical record. There is no discussion, clinical indication or rationale for Pennsaid 2%. Additionally, Pennsaid 2% is indicated for osteoarthritis of the knee and is not a first line treatment. The injured worker underwent total knee replacement. There is no documentation of other first-line topical analgesics. There is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Consequently, absent clinical documentation of first-line treatment failure and a clinical indication and rationale for Pennsaid 2%, Pennsaid 2% is not medically necessary.