MAXIMUS Federal Services

Case Number:	CM15-0170919		
Date Assigned:	09/11/2015	Date of Injury:	07/19/2014
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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 35 year old male with an industrial injury dated 07-19-2014. A review of the medical records indicates that the injured worker is undergoing treatment for anterior cruciate instability and knee pain. Treatment consisted of Magnetic Resonance Imaging (MRI) of the left knee, prescribed medications, cortisone injection, physical therapy, left knee anterior cruciate ligament (ACL) replacement on 09-02-2014, and periodic follow up visits. Medical records (07-29-2015) indicate increased burning knee pain over surgical incision and deep in the knee. Records (07-29-2015) also indicate that he has been managing with Flector patch for four months but now is developing itchiness that caused him to discontinue medication. The injured worker reported that he is treating the itchiness with over the counter cortisone. Physical exam was not noted on exam. The treating physician reported the injured worker is having reaction to Flector patch and discussed alternatives for pharmacologic management of increased burning pain and inflammatory pain. The injured worker also reported that since he has a history of gastrointestinal irritation a recommendation was made for trial of topical gel. The treating physician prescribed Pennsaid 20mg -gram-actuation 2% topical solution 112gram bottle 1. Utilization Review determination on 08-05-2015, non-certified the request for Pennsaid 20mg -gram-actuation 2% topical solution 112gram bottle Quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 20mg /gram/actuation 2% topical solution 112gram bottle Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents on 07/29/15 with burning pain over surgical incision in the left knee and deep in the knee. The patient's date of injury is 07/19/14. Patient is status post left knee ACL replacement on 09/02/14. The request is for Pennsaid 20mg/gram/actuation 2% topical solution 112 gram bottle qty 1. The RFA is dated 07/29/15. Progress note dated 07/29/15 does not include any physical examination findings. The patient is currently prescribed Gabapentin, Flector patches, Ibuprofen, and Pennsaid. Patient's current work status is not provided. MTUS Guidelines, Topical Analgesics section, under Non-steroidal antinflammatory agents, page 111-112 has the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In regard to the use of Pennsaid for this patient's ongoing left knee complaint, the request is appropriate. This patient presents with pain in the left knee secondary to surgical intervention and continued joint inflammation. Per progress note dated 07/29/15, the provider is supplying this patient with Pennsaid topical solution as an alternative to Flector patches, which have recently been causing pruritus with use on the affected joint. MTUS supports medications of this class for peripheral joint complaints. Per medication instructions in the 07/29/15 progress note, the provider states: "Apply 2 pumps (40mg) to the affected knee(s) by topical route 2 times per day." Given the documentation of a condition for which the use of topical NSAIDs is considered a treatment option, and the appropriate location where Pennsaid is to be applied, this topical medication is substantiated for use. The request IS medically necessary.