

Case Number:	CM15-0172878		
Date Assigned:	09/15/2015	Date of Injury:	07/06/2001
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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 55 year old, female who sustained a work related injury on 7-6-01. The diagnoses have included hip pain, hip degenerative joint disease, knee pain and pain in joint of lower leg. Treatments have included oral medications, Pennsaid 2% solution, right greater trochanter and left knee injections (no relief), physical therapy and TENS unit therapy after each surgery (mild relief), several knee surgeries, use of knee braces and home exercises (mild relief). Current medications include oxycodone, Flexeril, Pennsaid 2% solution and Omeprazole. She has failed medications of Norco and Percocet. In the progress notes dated 7-27-15, the injured worker reports her pain without medications an 8 out of 10. Current pain level with medications is not documented. She has poor sleep quality. On physical exam, she has tenderness over the right groin and trochanter. FABER test is positive. She has pain in groin with right internal hip rotation. She has crepitus with active movement of right knee. She has tenderness to palpation over the right lateral and medial joint lines and patella. She is working modified duty. The treatment plan includes continuing all medications and follow-up visits with another physician. The Utilization Review dated 8-26-15, non-certified the requested treatment of Pennsaid 2% solution as the records have not substantiated either improved physical function or improved pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% solution: Upheld

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 was injured on 07/06/01 and presents with pain in her hip, knees, and legs. The request is for Pennsaid 2% solution. The RFA is dated 08/21/15 and the patient has modified work duty. The patient has been using this topical as early as 06/15/15. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory 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)." MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The patient is diagnosed with hip pain, hip degenerative joint disease, knee pain and pain in joint of lower leg. The patient has been using this topical as early as 07/27/15 and review of the reports provided does not indicate how this topical has impacted the patient's pain and function. Although there is no indication of where the patient will be applying this topical to, the patient does present with knee pain which Pennsaid is indicated for. MTUS guidelines indicate that topical NSAID medications are appropriate for complaints in the peripheral joints. However, the patient has been prescribed Pennsaid at least since 06/15/15 and MTUS does not recommend use of NSAIDs topicals for longer than two weeks. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.