

<b>Case Number:</b>	CM15-0175112		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 61 year old male who sustained an industrial injury on 10-23-08. Periodic report dated 7-16-15 reports evaluation and treatment for ongoing symptoms related to the following; bilateral carpal tunnel, chronic low back pain with degenerative changes, right and left knee meniscal tear, left thigh pain radiating from the back aggravated by back muscle spasm, chronic pain with depression and anxiety, right rotator cuff impingement and full tear, residual surgery. Interval history: He takes norco 10-325 mg 1 twice per day and has reduced break through pain and Tramadol has reduced the pain in his neck, shoulder, back and knee. Celebrex has decreased pain by 50%. Duloxetine 60 mg has decreased paresthesias and neuralgia in bilateral upper extremities by more than 50%. Bilateral foot pain had increased due to attempting to shift his weight off his knees. Knee braces help to reduce the pain. Topical Pennsaid diclofenac 2% 2 pumps twice per day to painful region reduces the pain but has been denied. Viibryd 40 mg daily has reduced pain-induced depression by over 50%. Cognitive behavioral training has been requested. Trigger point injections reduced the pain by 50%. Numbness has increased in his thighs and feet over the past few months along with increased leg weakness. He has continual complaints of knee pain. Lumbar sacral orthosis when worn reduced back pain by 50%. He walks with an assistive device. Plan of care includes: continue medications as prescribed. Follow up in 1 week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2%, 2 pump 3.8 fl oz, 1 unit 2x daily:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** PENNSAID (diclofenac sodium topical solution) is a non-steroidal anti-inflammatory drug (NSAID) indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s). Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Pennsaid solution over oral NSAIDs, which the patient is also prescribed Celebrex, increasing side effects profile or other pain relievers for a patient without contraindication in taking oral medications. Medical necessity for topical Pennsaid has not been established. The Pennsaid 2%, 2 pumps 3.8 fl oz, 1 unit 2x daily is not medically necessary and appropriate.