

Case Number:	CM15-0040403		
Date Assigned:	03/10/2015	Date of Injury:	03/26/2006
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 50 year old female, who sustained an industrial injury on 3/26/2006. The current diagnosis is left knee medial/lateral degenerative joint disease. Treatment to date has included medications, ice application, knee brace, physical therapy, surgery (2006), and cortisone injection (1/6/2015). According to the progress report dated 2/3/2015, the injured worker complains of pain (unspecified site) with activity. No current medication list was provided. The current plan of care includes 1 month supply of Pennsaid 2%. The UR determined the request for this medication to be non-certify due to lack of recent x-ray and no documentation of how to use the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Pennsaid 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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, Compound creams.

Decision rationale: MTUS and ODG recommends 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 neuropathic pain or failure of anti-depressants or anti-convulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". VOLTAREN (DICLOFENAC) (RECOMMENDED FOR OA). MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder". Medical records do indicate that the patient is being treated for osteoarthritis pain in the knee joint. Additionally, the records indicate that the treatment area would be for knee but fail to detail how much should be applied and how often. Diclofenac gel 1% is recommended for OA of the knee by MTUS but the proposed medication is not. As such, the request for Pennsaid 2% is not medically necessary.