

Case Number:	CM15-0054181		
Date Assigned:	03/27/2015	Date of Injury:	05/01/2005
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on 05/01/2005. On provider visit dated 09/10/2014 the injured worker has reported right knee pain. On examination of the right knee was noted as moderately tender on the medical joint line and crepitus. Left knee mild crepitus was noted. The diagnoses have included status post medial partial meniscectomy, knee osteoarthritis, chondromalacia patellar and grade IV chondromalacia of eh medial weight bearing compartment. Treatment to date has included physical therapy, acupuncture, massage, heat, ice, medication and MRI of right knee. The medical records that support the request for review were not submitted for this review. The provider requested Pennsaid Sol 2% for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Sol 2%, #224: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Diclofenac.

Decision rationale: Pennsaid is diclofenac sodium topical solution. According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Pennsaid Sol 2%, #224 is not medically necessary.