

<b>Case Number:</b>	CM15-0063004		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45-year-old male, who sustained an industrial injury on 12/7/12. He reported right knee pain. The injured worker was diagnosed as having pain in joint of lower leg, sprains and strain of knee and leg, and enthesopathy of knee. Treatment to date has included right knee ACL reconstruction with medial meniscectomy on 3/20/14. Other treatment included physical therapy, a home exercise program, and medications. A MRI of the right knee performed on 8/21/13 revealed a medial meniscus posterior horn small focal inner edge tear, large medial femoral condylar osteochondral lesion, full thickness hyaline cartilage fissure in the superior patellar apex, minimal patellar tendinopathy, and a small joint effusion. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for Celebrex 200mg 1 tab daily #30 and Pennsaid 2%, 2 pumps twice daily for pain. The injured worker was also prescribed Norco. The treating physician noted the continuous of this combination of medication is appropriate for long-term opioid therapy use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, 1 tab daily, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Celebrex 200mg, 1 tab daily, #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. The documentation does not indicate that the patient requires a COX-2 inhibitor due to GI complications. There is no indication he has failed first line generic NSAIDs therefore this request is not medically necessary.

**Pennsaid 2%, 2 pumps twice daily for pain,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Pennsaid 2%, 2 pumps twice daily for pain is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical NSAIDs are recommended for short-term use (4-12 weeks). The request for a prescription of Pennsaid is not medically necessary as the guidelines recommend a 12-week short term use for this topical NSAID and the request does not specify a quantity. Furthermore, the documentation does not indicate failure of oral NSAIDs. The request for Pennsaid 2% is not medically necessary.