

<b>Case Number:</b>	CM15-0064295		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Emergency 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 55 year old male who sustained a work related injury April 1, 2011. While working as a bus driver, he hit his medial right knee against the fare box and developed knee pain. According to a treating physician's progress notes, dated February 11, 2015, the injured worker presented with bilateral knee pain, rated 7/10 with medication, and 9/10 without medication. He stated the medication is working well and there are no changes to the location of pain. Current medications include Vicodin, Naproxen, and Pennsaid 2% Pump. The right knee joint reveals a surgical scar, crepitus with active movement, tenderness to palpation over the medial joint line and patella, mild effusion in the right knee joint and positive patellar grind test. The left knee joint reveals crepitus with active movement, tenderness to palpation over the medial joint line and patella, mild effusion in the left knee joint and positive patellar grind test. To date, he is s/p 3 series of Supartz injections for the right knee and s/p cortisone injection for the left knee. Diagnoses are knee pain; pain in joint lower leg; localized primary osteoarthritis of lower leg. Clinical presentation consistent with; right knee meniscal tear; patellofemoral syndrome; degenerative joint disease of the left and right knee. Treatment plan included request for Supartz injections to the left knee, continue medication including Pennsaid 2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% pump 20mg/grams/actuation (2%), #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines topical analgesics such as Pennsaid (Diclofenac) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Pennsaid is FDA approved for osteoarthritis of knees. Patient has been using this chronically for at least 4 months with no noted objective improvement in pain or function. Due to documentation that does not show efficacy and not recommended chronic use; Flector is not medically necessary.