

<b>Case Number:</b>	CM15-0076843		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 32 year old female, who sustained an industrial injury on August 7, 2013 incurring injuries to her low back and left knee. She was diagnosed with a left knee meniscus tear, and a lumbar plexus injury. Treatment included knee surgery, pain management, and anti-inflammatory drugs. Currently, the injured worker complained of increased pain and less motion of her knee. The treatment plan that was requested for authorization included a prescription for Pennsaid 2% solution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% solution # with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Voltaren gel) Page(s): 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 (Chronic), Pennsaid, Topical Analgesics.

**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 failure of antidepressants or anticonvulsants. ODG states regarding Pennsaid, "Not recommended as a first-line treatment. See the Diclofenac Sodium listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations". The patient has a history of meniscal tear but does not appear to have osteoarthritis, of which Pennsaid can be used to treat if criteria is met. Treating physician does not detail any failure or contraindication of oral NSAID. As such, the request for Pennsaid 2% solution #1 with 1 refill is not medically necessary.