

Case Number:	CM15-0077363		
Date Assigned:	04/28/2015	Date of Injury:	09/24/2010
Decision Date:	07/02/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, who sustained an industrial injury on September 24, 2010. He reported right ankle pain after the right knee gave way while taking out the trash. The injured worker was diagnosed as having status post-surgical intervention of the right ankle. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right ankle, physical therapy, cortisone injections of the right ankle, medications and work restrictions. Currently, the injured worker complains of continued right ankle pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 2, 2015, revealed continued pain in the right ankle. He reported associated tingling and numbness. It was noted he felt no benefit with surgery, physical therapy or exercise. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg capsule sig. one qd Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects page(s): 70, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Celebrex 200mg capsule sig. one qd Qty: 30 are not medically necessary and appropriate.

Pennsaid 2% 20mg/gram/acutations (2%) sig: two pumps to right knee bid Qty: 2.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: PENNSAID (diclofenac sodium topical solution) is a non-steroidal anti-inflammatory drug (NSAID) indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s). Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Pennsaid solution over other pain relievers for a patient without contraindication in taking oral medications. Medical necessity for topical Pennsaid has not been established. The Pennsaid 2% 20mg/gram/acutations (2%) sig: two pumps to right knee bid Qty: 2.00 are not medically necessary and appropriate.