

<b>Case Number:</b>	CM15-0079651		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/16/2009
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: New York

Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 4/16/2009. He reported being kicked in his knee. The injured worker was diagnosed as having chronic right knee pain, chronic left knee pain, diabetes, anxiety, and obesity. Treatment to date has included diagnostics, physical therapy, injections, right knee surgery in 2011, and medications. Currently, the injured worker complains of excruciating bilateral knee pain, right greater than left. He was currently not taking medications. He had previously gotten relief from Pennsaid and was unable to tolerate oral non-steroidal anti-inflammatory drugs. The treatment plan included Pennsaid pump spray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of Pennsaid pump spray with 3 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**Decision rationale:** The request for Pennsaid pump spray to be applied to the right knee three times a day for pain and inflammation is medically necessary. The California MTUS Guidelines state topical NSAIDs have an FDA appropriation indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. They have not been evaluated for treatment of the spine, hip, or shoulder. The submitted documentation does indicate that the injured worker has a diagnosis of chronic knee pain and is s/p arthroscopy and chondroplasty of the right knee. He is not able to tolerate oral NSAIDs and there is documentation of pain relief with previous use of Pennsaid therapy. Medical necessity for the requested medication is established. The requested medication is medically necessary.