

<b>Case Number:</b>	CM15-0094298		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 69-year-old who has filed a claim for chronic low back and knee pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 1, 2012. In a Utilization Review report dated May 5, 2015, the claims administrator denied a request for topical Pennsaid. A RFA form received on April 28, 2015 and an associated progress note of April 27, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a psychiatric medical-legal evaluation dated December 11, 2014, it was acknowledged that the applicant was unemployed and had ceased work at some point in May 2014. On March 5, 2015, the applicant reported ongoing complaints of knee pain reportedly attributed to meniscal derangement, it was suggested in one section of the note. Topical medications and work restrictions were endorsed. The applicant reported 6-9/10 pain complaints, exacerbated by sitting, standing, and walking, and any form of physical activity, it was suggested. Permanent work restrictions, a knee brace, and unspecified topical medications were renewed. In a March 6, 2015 questionnaire, the applicant suggested that he was not working. In a RFA form dated April 28, 2015, topical Pennsaid was endorsed. In an associated progress note dated April 27, 2015, the applicant reported ongoing complaints of knee pain, 6/10. The attending provider stated that previously prescribed topical compounds were denied. The applicant was described as two years status post a failed total knee replacement. Topical Pennsaid was endorsed. The request for topical Pennsaid was framed as a first-time request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 20mg 2% topical solution in metered dose pump 2 twice a day for 30 days dispense #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** The request for topical Pennsaid, a derivative of topical Voltaren/diclofenac, was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Pennsaid (diclofenac) is indicated in the treatment of small joint arthritis in joints, which are readily amenable to topical application, such as the knee, the body part implicated here. The applicant was described as carrying an operating diagnosis of knee arthritis status post partial knee replacement surgery, it was suggested above. The request did appear to represent a first-time request for topical Pennsaid. The applicant was, it was incidentally noted, described as having developed dyspepsia with oral NSAIDs on April 27, 2015, it was incidentally noted. Introduction of topical Pennsaid was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.