

<b>Case Number:</b>	CM15-0097297		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 67 year old male, who sustained an industrial injury on 1/26/12. He reported left ankle injury. The injured worker was diagnosed as having abnormal gait, neuropathic pain, strain of tendon of foot and ankle and pain in joint involving ankle and foot. Treatment to date has included ibuprofen, ankle brace, home exercise program, activity restrictions and physical therapy. Currently, the injured worker complains of constant left ankle and heel pain rated 4-9/10. He also complains of numbness and tingling. He is currently working full time. Physical exam noted light limp to gait, slight swelling of left ankle laterally and intact range of motion. The treatment plan included (EMG) Electromyogram studies of left lower extremity, Pennsaid lotion, continuation of full time employment and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% lotion 112g #1 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

**Decision rationale:** PENNSAID (diclofenac sodium topical solution) is a nonsteroidal anti-inflammatory drug (NSAID) indicated for the treatment of signs and symptoms of osteoarthritis of the joint, not for strain/sprain. 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 oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Medical necessity for topical Pennsaid has not been established. The Pennsaid 2% lotion 112g #1 with 3 refills is not medically necessary and appropriate.