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| <b>Case Number:</b>   | CM13-0009552 |                              |            |
| <b>Date Assigned:</b> | 09/11/2013   | <b>Date of Injury:</b>       | 05/25/2005 |
| <b>Decision Date:</b> | 01/13/2014   | <b>UR Denial Date:</b>       | 07/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/09/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 67-year-old male who sustained an occupational injury on 05/25/2005. The patient's injury was sustained after he fell from a truck and landed with his right knee hitting the ground first. The patient was initially hospitalized and the right knee was surgically repaired during this hospitalization. After which, the patient was splinted or braced for a period of time and he participated in postoperative physical therapy. Since that time, the patient's injury has also been treated with oral medications and injections. On 06/26/2013, the patient presented for followup indicating that he had a flare of his right knee pain. The patient indicates his knee has been locking up on him and he cannot straighten it at times. Objective documentation on that date revealed limited range of motion of the right knee with crepitus passively on flexion to extension, which was painful and parapatellar swelling about the right knee. The patient was given samples of Zipsor 25 mg and was advised to take 1 tablet 3 times a day as needed for pain and inflammation. In addition, the patient takes Norco as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Zipsor 25mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68..

**Decision rationale:** The California MTUS indicates that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for arthritis pain including knee and hip at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. According to the documentation from 06/26/2013, the patient presents with complaints of ongoing bilateral knee pain. In addition, objective documentation reveals crepitus passively on flexion to extension, which is painful, as well as prepatellar swelling about the right knee. Given that there is evidence that the patient has diagnosis of osteoarthritis of the right knee, the use of a non-steroidal anti-inflammatory drug, such as Zipsor, is recommended to treat his moderate to severe pain. While the guidelines' criteria do seem to be met by the patient, the request itself specifically indicates the review of a request for 1 prescription of Zipsor 25 mg. Without specifics regarding this request in terms of the number of tablets, as well as frequency of use, this request cannot be supported, and is therefore, non-certified. The request for retrospective request for 1 prescription of Zipsor 25mg between 6/26/2013 and 6/26/2013 is not medically necessary and appropriate.