

<b>Case Number:</b>	CM14-0128635		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old female, who sustained an industrial injury on 10/1/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having right knee surgery with meniscus repair and currently has persistent meniscus tear. There is no record of a recent diagnostic study. Treatment to date has included surgery, steroid injections, physical therapy and medication management. In a progress note dated 6/23/2014, the injured worker complains of right knee pain. Physical examination showed tenderness to the right knee medial joint line. The treating physician is requesting a prescription of Feldene.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Feldene:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Piroxicam (Feldene).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Piroxicam and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 73 and 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Piroxicam (Feldene).

**Decision rationale:** Unknown prescription of Feldene is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that piroxicam is not recommended as a first-line NSAID due to increased side effects/risk profile of this medication. The MTUS state that Feldene is recommended for osteoarthritis but not pain. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation does not indicate that the patient has improved pain or significant improved function on prior Feldene. Additionally, the ODG does not recommend this medication due to its side effects/risk profile. Furthermore, the request for medication cannot be certified without strength and quantity, therefore this request is not medically necessary.