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| <b>Case Number:</b>   | CM15-0164812 |                              |            |
| <b>Date Assigned:</b> | 09/02/2015   | <b>Date of Injury:</b>       | 09/05/1990 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 08/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on September 5, 1990. He reported an injury to his left knee following a fall. Treatment to date has included left knee arthroscopic surgery, physical therapy, left knee replacement with revision, chiropractic therapy, acupuncture therapy, NSAIDS, opioid medications, and topical pain medications. Currently, the injured worker complains of ongoing left knee pain. He is status post left knee revision in 2010 and notes that he has increased pain since his previous evaluation. He reports continued pain, popping and inflammation of the knee and feels the pain is affecting his quality of life. He describes his pain as a stabbing pain and has associated numbness. He reports radiating aching pain from his shins to the bottom of his feet. On physical examination the injured worker has a normal gait patterns and tenderness to palpation over the left medial joint line and the left lateral joint line. He has pain with valgus and varus stress test of the left knee and pain with an anterior drawer test. Clicking is noted with range of motion and his range of motion is limited with pain. The diagnoses associated with the request include left knee medial meniscus tear sprain-strain medial meniscectomy, left knee osteoarthritis with status post total knee arthroplasty, left knee degenerative joint disease, left knee contracture, lower extremity radiculopathy - neuropathy. The treatment plan includes Ketoprofen cream, Meloxicam, Lyrica, and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen cream 20%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant was on oral Meloxicam as well. The topical Ketoprofen is not medically necessary.

**Meloxicam 15mg #90 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDs.

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Tylenol with minimal relief. The claimant had not been compliant with Norco. The use of Meloxicam is appropriate for knee pain since the claimant had significant derangement.