

<b>Case Number:</b>	CM15-0169590		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 58 year old male, who sustained an industrial injury on 05-18-2012. He has reported injury to the right knee. The diagnoses have included pain knee-leg joint; status post right total knee replacement; and status post right knee incision and drainage with debridement of the patellofemoral joint and polyethylene exchange, right patella, on 07-08-2014. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Gabapentin, Lodine, Tylenol No.3, and Flector Patch. A progress report from the treating physician, dated 06-15-2015, documented an evaluation with the injured worker. The injured worker reported ongoing pain in the right knee; he also complains of some left hip and left leg pain due to his antalgic gait; the pain does not radiate; the pain level is rated at 8 out of 10 in intensity; the pain is described as dull and aching; there is no associated numbness or weakness; he needs refills on his medications; he stated that the Codeine didn't help and made him drowsy; and he is not currently working. Objective findings included he is alert and oriented; affect is depressed; motor strength is symmetric in all muscle groups tested; sensory grossly intact to light touch; palpation over the right knee does elicit pain symptoms; gait is antalgic; and range of motion is restricted in the right knee. The treatment plan has included the request for Lodine 400mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lodine 400ng #60, 1 tablet twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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 NSAIDs for several months along with topical NSAIDS. Topical NSAIDS can reach systemic levels similar to oral NSAIDS and there was no indication for combining the two classes. There was no indication of Tylenol failure. Pain score reduction with the use of Lodine was not impressive. Long-term NSAID use has renal and GI risks. Continued use of Lodine is not medically necessary.