

<b>Case Number:</b>	CM14-0085171		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

Injured worker is a male with date of injury 5/7/2012. Per primary treating physician's progress report dated 5/21/2014, the injured worker developed bilateral knee pain after spending an extended period of time on his knees while at work. He subsequently underwent a left knee arthroscopy in 2013 and continues to have severe pain in both knees. He was deemed permanent and stationary and has not worked in over a year. He is wearing a custom left knee brace and a right knee stabilizer brace. He reports frequent episodes of "buckling" of the left knee. He notes that this may be secondary to pain. He has left knee pain radiating distally to his foot. He has episodic experiences of numbness to the skin around his knees and below the knee joint with the left side affected greater than the right. He reports a "tingling" sensation in both knee regions with the left side affected greater than the right. He reports occasional muscle spasms in bilateral thighs. He reports pain going upstairs and pain in bilateral ankles with prolonged walking. He reports left axial low back pain. He has completed a course of physical therapy. He is using mild opiates intermittently. He failed trials of ibuprofen and Aleve without any success and with some stomach irritation. He is having trouble sleeping at night and is sleeping during the day frequently. He rates his pain a 5-8/10. On examination he has full range of motion of bilateral knees. He has some tenderness to the lateral joint line on the left side. He has some medial joint line tenderness to the right knee. Sensation was normal in the lower extremities. There were no motor deficits appreciated in the lower extremities. Reflexes were 2+ and symmetrical at L4 and S1 bilaterally. His toes were downgoing bilaterally and no clonus was appreciated. Straight leg raising test was negative in the seated and supine positions for nerve root tension signs. He had severe pain in going from knee flexion to extension and he felt behind the patella. Ballottement test was negative. No fullness appreciated in the popliteal fossa bilaterally. McMurray's was negative bilaterally. No laxity to stressing the knees in valgus and varus. Lachman's test was

negative bilaterally. Anterior drawer and posterior drawer test were negative. No erythema appreciated. No warmth appreciated. No swelling appreciated. There were well healed surgical portholes in the left knee. No pain to palpation of the pes anserine region bilaterally. Diagnosis is bilateral knee pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zorvolex 18mg 3 x a day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The medical reports indicate that the injured worker had received no benefit from NSAID use previously, and also had stomach irritation with the use of NSAIDs. The request for Zorvolex 18mg 3 x a day # 90 is determined to not be medically necessary.