

Case Number:	CM15-0111425		
Date Assigned:	06/17/2015	Date of Injury:	04/30/2013
Decision Date:	07/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 4/30/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having right knee degenerative joint disease. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/1/2015, the injured worker complains of right knee pain with swelling and grinding. Physical examination showed crepitus and pain with range of motion. The treating physician is requesting Zorvolex 35 mg #160 and Cortisone 2 ml and Marcaine 3 ml injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Diclofenac.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zorvolex (Diclofenac) 35mg #160 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are right knee DJD. Subjectively, according to a June 1, 2015 progress note (request for authorization June 2, 2015), the injured worker complains of right knee pain. The injured worker was on Naprosyn and Motrin. Both non-steroidal anti-inflammatory drugs did not provide relief. Samples of diclofenac were provided to the injured worker with good relief. Objectively, the injured worker has pain over the medial joint line and crepitus with range of motion. Based on the clinical information and medical record, the peer-reviewed evidence-based guidelines, increased risk profile and the excessive quantity #160 tablets, Zorvolex (Diclofenac) 35mg #160 is not medically necessary.

Cortisone 2cc and Marcaine 3cc injection (Presumed Right Knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, cortisone 2cc plus Marcaine 3 ml injection (presumed right knee) is not medically necessary. Corticosteroid injections are recommended for short-term use only. Criteria include documented symptomatic severe osteoarthritis of the knee which requires knee pain and at least five of the following: bony enlargement, only tenderness, crepitus, elevated ESR, less than 30 minutes morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 and clear synovial fluid. In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. In this case, the injured worker's working diagnoses are right knee DDD. Subjectively, according to a June 1, 2015 progress note (request for authorization June 2, 2015), the injured worker complains of right knee pain. The injured worker was on Naprosyn and Motrin. Both non-steroidal anti-inflammatory drugs did not provide relief. Samples of diclofenac were provided to the injured worker with good relief. Objectively, the injured has pain over the medial joint line and crepitus with range of motion. The documentation indicates the injured worker has a diagnosis of right knee DJD (degenerative joint disease). There is no documentation with radiographic evaluation of the right knee with evidence of bony enlargement. There is no documentation of severe osteoarthritis, although symptomatic osteoarthritis appears to be present. Consequently, absent additional clinical documentation reflecting severe symptomatic osteoarthritis of the knee and radiographic evidence of severe osteoarthritis, cortisone 2cc plus Marcaine 3 cc injection (presumed right knee) is not medically necessary.