

Case Number:	CM14-0130126		
Date Assigned:	08/20/2014	Date of Injury:	11/13/2013
Decision Date:	09/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 32-year-old male who reported an injury due to a slip and fall from a ladder on 11/13/2013. On 06/14/2014, his diagnoses included left sprain/ACL tear, left medial meniscus tear, left lateral meniscus tear, and left knee contracture. On 04/07/2014, he underwent an arthroscopically assisted ACL reconstruction with allograft, arthroscopic medial meniscus repair, and partial lateral meniscectomy of the left knee. He was attending physical therapy and ambulating with the assistance of crutches. The treatment plan included a recommendation for manipulation under anesthesia if there was no significant improvement. The only medication mentioned in the clinical information submitted for review was Ibuprofen 800 mg. There was no rationale or Request for Authorization included in this worker's records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: ACOEM Guidelines state brief courses of antidepressants may be helpful to alleviate symptoms of depression, but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for a medication evaluation may be worthwhile. Per the submitted documentation, this worker does not have a diagnosis of depression. Additionally, the request did not specify a frequency of administration or a quantity requested. Therefore, this request for Trazodone 50 mg is not medically necessary.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: A therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using validated instruments or a numerical rating scale. The patient should have at least 1 physical and psychosocial assessment by the treating physician and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Since there is no documentation of this worker having taken opioids in the past, the clinical information submitted failed to meet the evidence-based guidelines for a therapeutic trial of opioids. Additionally, there was no frequency of administration included in the request. Therefore, this request for Norco 10/325 mg #30 is not medically necessary.

X-Ray of the Lumbar Spine (flexion and extension): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Lumbar Spine Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines suggest that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before the symptoms began and therefore had no temporal association with the symptoms. Lumbar spine x-rays should not be recommended in patients with low back pain and the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Although low back pain was mentioned as a symptom in 1 physical examination, this worker does not have a diagnosis of low back pain or lumbar sprain/strain. There were no red

flags elicited during the examination. The need for x-rays of the lumbar spine was not clearly demonstrated in the submitted documentation. Therefore, this request for an x-ray of the lumbar spine (flexion and extension) is not medically necessary.