

Case Number:	CM14-0131937		
Date Assigned:	08/22/2014	Date of Injury:	10/19/2011
Decision Date:	09/25/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 43-year-old male who reported an injury due to falling in a ditch on 10/19/2011. On 07/11/2014, his diagnoses included bilateral knee pain, bilateral knee internal derangement, status post bilateral knee surgery on the left x1 and on the right x3, right knee chondromalacia of the medial compartment, and bilateral knee traumatic synovitis. It was noted that as a result of his injury, he also suffered from depression, stress, anxiety, insomnia, frustration, and personal relationship difficulties. On 06/17/2014, he underwent an arthroscopic multicompartement synovectomy, and, an arthroscopic medial and lateral meniscectomy to the left knee. On 07/16/2014, it was noted that this injured worker was a month postoperatively and treatment plan continued the the therapy that he was participating in. The number of therapy sessions was not noted in the documentation. On 07/11/2014, it was noted that this worker was taking Norco 5/325 mg and Exforge 5 mg. 07/22/2014. The Request for Authorization included Keflex 500 mg, Zofran 4 mg, ibuprofen 600 mg, Norco 7.5/325 mg, Colace 100 mg, and vitamin C 500 mg. There was no rationale included in this injured worker's chart. A request for authorization of 7/22/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Post Operative 2x a week for 6 weeks,Right knee Qty:12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment, Knee Page(s): 10,24-25.

Decision rationale: The request for Physical Therapy Post Operative 2x a week for 6 weeks, Right knee Qty: 12 is not medically necessary. Per the California MTUS Guidelines, controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. The initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery. For a meniscectomy, the recommended schedule for therapy visits is 12 visits over 12 weeks. Half of that number would be 6 visits. The request for 12 visits of physical therapy exceeds the recommendations in the guidelines. Furthermore, the surgery notes indicate that this meniscectomy took place in this injured worker's left knee and the request is for therapy on the right knee. Therefore, this request for Physical Therapy Post Operative 2x a week for 6 weeks, Right knee Qty: 12 is not medically necessary.

Keflex 500mg 1 cap PO QID no refills Qty: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The request for Keflex 500 mg 1 cap PO QID no refills Qty: 4 is not medically necessary. The California/ACOEM Guidelines moderately recommend a 1 day use of systemic antibiotics for injured workers undergoing surgical knee procedures. Since this request was not a retrospective request, it cannot be temporally attributed to the surgery of 06/17/2014. The need for antibiotic therapy has not been clearly demonstrated in the submitted documentation. Therefore, this request for Keflex 500 mg 1 cap PO QID no refills Qty: 4 is not medically necessary.

Zofran 4mg ODT 1 PO Q 4-6 hrs PRN Nausea no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for Zofran 4 mg ODT 1 PO Q 4-6 hrs PRN Nausea no refills is not medically necessary. Per the Official Disability Guidelines, Zofran is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA

approved for gastroenteritis. As with other antiemetics, routine prophylaxis is not recommended for injured workers in whom there is little expectation that nausea and/or vomiting will occur postoperatively. There was no documentation submitted that this worker was being treated with cancer chemotherapy, full body or single dose radiation, or that he was a candidate for surgery with high expectation of postoperative nausea and vomiting. Therefore, this request for Zofran 4 mg ODT 1 PO Q 4-6 hrs PRN Nausea no refills is not medically necessary.

Ibuprofen 600mg, 1 PO with food TID, no refills Qty: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Ibuprofen 600 mg, 1 PO with food TID, no refills Qty: 90 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis, and off-label for ankylosing spondylitis. This worker did not have any of the above diagnoses. Additionally, it is unclear how long this worker had been taking ibuprofen. The need for ibuprofen was not clearly demonstrated in the submitted documentation. Therefore, this request for ibuprofen 600 mg 1 PO with food TID, no refills Qty: 90 is not medically necessary.

Colace 10mg, One cap PO Bid no refills Qty:10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids Page(s): 88.

Decision rationale: The request for Colace 10 mg, 1 cap PO BID no refills, quantity 10, is not medically necessary. The California MTUS Guidelines recommend that an ongoing review of opioids should include documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver, or guardian. Prophylactic treatment of constipation should be initiated. This worker does not have a diagnosis of constipation, but has been taking Norco for an unknown period of time. Additionally, Colace does not come in a 10 mg dosage. The appropriate dosages are either 50 mg or 100 mg. The need for Colace was not clearly demonstrated in the submitted documentation. Therefore, this request for Colace 10 mg, 1 cap PO BID no refills, quantity 10, is not medically necessary.

Narcotic Norco 7.5/325mg 1-2 PO Q 4-6 PRN Pain Qty:50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for narcotic Norco 7.5/325 mg 1 to 2 PO Q 4 to 6 PRN pain, quantity 50, is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for the less efficacious drugs. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, drug screens, or collateral contacts. Additionally, the dosage was increased from 5/325 to 7.5/325 mg, with no rationale explained. The clinical information submitted failed to meet the evidence-based guidelines for the use of opioids. Therefore, this request for narcotic Norco 7.5/325 mg 1 to 2 PO Q 4 to 6 PRN pain, quantity 50, is not medically necessary.

Vitamin C 500mg ,1 PO QD no refills Qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rxlist.com.

Decision rationale: The request for vitamin C 500 mg, 1 PO QD no refills, quantity 60, is not medically necessary. Per RxList.com, vitamin C is recommended for the prevention and treatment of scurvy. Symptoms of mild deficiency may include faulty bone and tooth development, gingivitis, bleeding gums, and loosened teeth. Febrile states, chronic illness, and infection such as pneumonia, whooping cough, tuberculosis, or diphtheria increase the need for vitamin C. There was no evidence in the submitted documentation that this worker had signs or symptoms of scurvy or any of the other symptoms of vitamin C deficiency. The need for vitamin C therapy was not clearly demonstrated in the submitted documentation. Therefore, this request for vitamin C 500 mg, 1 PO QD no refills, quantity 60, is not medically necessary.