

<b>Case Number:</b>	CM14-0175322		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 65 year-old male who was injured on 10/2/13 after falling. He complained of left knee pain. A MRI of the left knee showed acute partial tear of the proximal fibers of the left medial collateral ligament and mild arthritic changes. He was diagnosed with left knee internal derangement, left knee strain, and left medial collateral ligament tear. He had cortisone injections of his left knee. He had physical therapy. He was denied a platelet rich plasma injection. A request for authorization of a left knee meniscectomy and debridement was denied. It is unclear if authorization for surgery was requested again. Keflex, Zofran, and Naproxen were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex 500mg, #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases (updated 06/26/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease, Cephalexin and on Other Medical Treatment Guideline or Medical Evidence:  
www.uptodate.com Antimicrobial prophylaxis for prevention of surgical site infection in adults

**Decision rationale:** The request for Keflex is not medically necessary. MTUS does not address the use of Keflex. ODG and uptodate.com were used. Keflex is first-line treatment for cellulitis which the patient is not documented to have. Cephalosporins are often used as antibacterial prophylaxis in many surgical procedures. Clean orthopedic procedures such as arthroscopic repair that do not require the implantation of foreign devices in the body, do not require the use of prophylactic antibiotics. Therefore, Keflex is not medically necessary. Also, according to the chart, the surgical procedure had been denied, therefore, prophylactic antibiotics are not medically necessary as well.

**Zofran 4mg, #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/10/14) Antiemetics (for opioid nausea)

**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

**Decision rationale:** The request for Zofran is not medically necessary. It is FDA-approved for post-operative nausea so if the patient's meniscectomy and debridement procedure had been approved, Zofran would be considered medically necessary. However, at this time, the use of post-operative Zofran is not medically necessary since his procedure has been denied.

**Naproxen 500mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/10/14) NSAIDs, specific drug list & adverse effects

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The request for Naproxen is not medically necessary. The patient has had recent cardiac stents placed which is a major risk factor and in older patients, NSAIDs need to be used judiciously as it increases cardiac risk. According to MTUS, acetaminophen or aspirin should be used for short-term needs. The patient is already on aspirin for secondary prophylaxis of cardiac events. An opioid can also be used for short-term post-operatively. It is unclear if either has been prescribed. As such, the patient's meniscectomy and debridement procedure have been denied and therefore, post-operative medications are not medically necessary at this time.