

Case Number:	CM14-0044637		
Date Assigned:	07/02/2014	Date of Injury:	08/07/2001
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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 Management and is licensed to practice in Tennessee. 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 patient is a 56-year-old male who has submitted a claim for knee pain, status post total knee arthroplasty, associated with an industrial injury date of August 7, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right knee pain, rated 9/10. On physical examination, the patient was wearing a knee brace. Constant clicking was appreciated with lateral movement. Swelling was also reported. CT (computed tomography) of the right knee dated June 27, 2013 revealed no lucency surrounding the hardware and bony fragments versus cement seen in a tubular hollow area of the distal femur intramedullary cavity. Treatment to date has included right knee surgery (2003), repeat right knee surgery (2004), revision arthroscopic medial meniscectomy (2006), right total knee arthroplasty (2010), evacuation of right knee hematoma (2010), saphenous neurolysis, and medications including Norco 10/325 mg and Trazodone 50 mg (since at least July 2013). Utilization review from March 21, 2014 denied the request for 1 right saphenous nerve block with fluoroscopy and IV sedation because guidelines do not support its use in the management of chronic knee pain. The same utilization review modified the request for 1 prescription of Norco 10/325 #180 to 1 prescription of Norco 10/325 #120, and 1 prescription of Trazodone 50 mg #60 to 1 prescription of Trazodone 50 mg #30 for weaning purposes due to lack of functional improvement with these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right saphenous nerve block with fluoroscopy and intravenous sedation: 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: Moore, D. M., et al. (2013). Continuous saphenous nerve block for total knee arthroplasty: When and how? *Regional Anesthesia & Pain Medicine* 38(4): 370-371. Retrieved from: http://journals.lww.com/rapm/Citation/2013/07000/Continuous_Saphenous_Nerve_Block_for_Total_Knee.18.aspx.

Decision rationale: CA MTUS does not specifically address saphenous nerve blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, an article entitled Continuous saphenous nerve block for total knee arthroplasty: When and how? published in the journal of the American Society of Regional Anesthesia and Pain Medicine was used instead. According to the article, postoperative placement of catheters for continuous saphenous nerve block was not favored because of substantial compression dressings applied post-operatively. In addition, in routine clinical practice, a catheter that needed to be accessed and bolused on 6 different occasions over 3 days is open to drug or dosing errors, increased risk of infection, and missed doses. In this case, there was no clear rationale provided for the requested service. Furthermore, the records did not show scientific evidence supporting the use of saphenous nerve blocks for chronic knee pain following total knee arthroplasty. There is no clear indication for the requested procedure. Therefore, the request for one right saphenous nerve block with fluoroscopy and intravenous sedation is not medically necessary.

One prescription of Norco 10/325, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Discontinuing Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco was being prescribed since at least July 2013 (13 months to date). However, given the 2001 date of injury, the exact duration of opioid use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. Although opioids may be appropriate, additional information would be necessary as CA MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for one prescription of Norco 10/325, #180 is not medically necessary.

One prescription of Trazadone 50 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone (Desyrel).

Decision rationale: CA MTUS does not specifically address trazodone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, trazodone was being prescribed since July 2013 (13 months to date). However, there was no documentation of functional improvement with the use of this medication. Furthermore, the records did not show findings of insomnia, depression, or anxiety. There is no clear indication for continued use of this medication. Therefore, the request for One prescription of Trazadone 50 mg, #60 is not medically necessary.