

Case Number:	CM14-0058759		
Date Assigned:	07/09/2014	Date of Injury:	11/21/2008
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine and is licensed to practice in California. 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 72-year-old male who submitted a Worker's Compensation claim for lumbar sprain, lumbar disc displacement, osteoarthritis, status post left total knee replacement and right knee replacement on 02/14/2014 associated with his industrial injury dated of 11/21/2008. Medical records from 2010 to 2014 were reviewed. Patient complained of constant right knee pain described as clicking, popping, grinding, and giving way. The patient likewise reported low back pain aggravated during prolonged standing. Physical examination of the right knee showed tenderness and moderate joint effusion. Right knee extension was measured at 150 degrees and flexion was 120 degrees. The treatment to date has included left total knee replacement, right total knee replacement on 02/14/2014, physical therapy, use of a splint, and medications such as tramadol, meloxicam, and zolpidem, and warfarin. Utilization review from 04/15/2014 denied the requests for Meloxicam 7.5 mg # 60, Cephalexin 500 mg # 30, Warfarin 5 mg # 30, Warfarin 2 mg # 30, and Zolpidem 10 mg # 30 because the presented documentation failed to show the medical necessity of the requested medications. Moreover, meloxicam was usually not given when patient was likewise on anti-coagulant therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5 mg # 60: 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 Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. In this case, the patient was prescribed meloxicam since March 2014. The patient was initially on Celebrex since the surgery of 02/14/2014. However, there was no clear rationale why a shift of NSAID was necessary at that time. Pain relief derived from its use was likewise not documented. The medical necessity cannot be established due to insufficient information. Therefore, the request for Meloxicam 7.5 mg # 60 is not medically necessary.

Cephalexin 500 mg # 30: 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: Prophylactic Antibiotics in Hip and Knee Arthroplasty, The Journal of Bone and Joint Surgery, 2009;91:2480-2490. doi:10.2106/JBJS.H.01219.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article from The Journal of Bone and Joint Surgery 2009 was used instead; It states that Medicare outcome data for primary total knee arthroplasty reveal a ninety-day deep infection rate of 0.4%. Total knee arthroplasties have generally demonstrated rates of up to 2% at one year. Most surgeons accept an average rate of deep infection of between 0.4% and 2% at one year after primary knee replacements. The cephalosporins have been the antibiotics of choice for both the prophylaxis and treatment of orthopedic infections. In this case, patient underwent right total knee replacement on 02/14/2014. The documented rationale for cefalexin is to prevent post-operative infection. However, the patient was two months post replacement at the time this was requested. There was no clear discussion concerning duration of treatment period and end-point of treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cephalexin 500 mg # 30 is not medically necessary.

Warfarin 5 mg # 30: 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) Knee and Leg Section, Warfarin and Venous Thrombosis.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that warfarin (Coumadin) is recommended as an anticoagulation treatment option for patients with venous thromboembolism. Risk factors for venous thrombosis include immobility and surgery. They did suggest that patients who have undergone major orthopedic surgery such as knee replacement should extend post-surgery use of medications from the standard 7-10 days to 28 days or longer. In this case, the patient underwent right total knee replacement on 02/14/2014. The patient meets the guideline criteria for warfarin use as prophylaxis for thrombosis. However, the patient was two months post replacement at the time this was requested. There was no clear discussion concerning duration of treatment period and end-point of treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for Warfarin 5 mg # 30 is not medically necessary.

Warfarin 2 mg # 30: 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) Knee and Leg Section, Warfarin and Venous Thrombosis.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that warfarin (Coumadin) is recommended as an anticoagulation treatment option for patients with venous thromboembolism. Risk factors for venous thrombosis include immobility and surgery. They did suggest that patients who have undergone major orthopedic surgery such as knee replacement should extend post-surgery use of medications from the standard 7-10 days to 28 days or longer. In this case, patient underwent total right knee replacement on 02/14/2014. The patient meets the guideline criteria for warfarin use as prophylaxis for thrombosis. However, patient was two months post replacement at the time this was requested. There was no clear discussion concerning duration of treatment period and end-point of treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for Warfarin 2 mg # 30 is not medically necessary.

Zolpidem 10 mg # 30: 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 Chapter, Zolpidem section.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, there was no documented rationale as to why zolpidem was prescribed. There is no discussion concerning sleep hygiene that may warrant its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Zolpidem 10 mg # 30 is not medically necessary.