

Case Number:	CM14-0072692		
Date Assigned:	08/08/2014	Date of Injury:	10/22/2003
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas. 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 47 year old male who sustained injuries to his right knee on 10/22/03. The mechanism of injury was not described. He has a history of tear to the medial and lateral meniscus of the left knee, tear of the medial meniscus of the right knee, severe osteoarthritis of the bilateral knees. He is status post anterior cruciate ligament reconstruction of the right knee performed in 07/02. He is status post arthroscopy of the left knee in 2004. He was status post left knee arthroscopy with partial medial and lateral meniscectomies on 04/07/08 and right knee arthroscopy with partial medial meniscectomy on 05/27/10. There are multiple requests for a left total knee replacement. It would appear this request was non-certified on multiple occasions. Current medications included Naproxen, Zolpidem, Omeprazole, and Hydrocodone. Omeprazole helped the injured worker to have less stomach irritation. He had six hours of good sleep while taking Zolpidem and three to four hours of interrupted sleep when not. His pain was reduced after taking Hydrocodone. He developed low back pain. Per the physical examination report dated 04/09/14 the injured worker had crepitus medial and lateral involving the right knee. Utilization review determination dated 05/08/14 non-certified the request for Hydrocodone/APAP/Ondansetron 5/300/2 #30, Tramadol 50mg #200, Lorazepam 2mg #30, Warfarin 1mg #30, Warfarin 2mg #30, Warfarin 5mg #30, and Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP/Ondansetron 5/300/2 mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for hydrocodone/APAP/Ondansetron 5/300/2mg #30 is not supported as medically necessary. The injured worker has bilateral knee osteoarthritis for which he has been recommended to undergo a left total knee arthroplasty. The serial records provide no data establishing that there is a signed pain management contract, or evidence of compliance testing through urine drug screen. No information was submitted regarding serial VAS scores or reduction of VAS scores while on medications. Therefore, the efficacy of this medication cannot be quantified. Given the chronicity of the condition of the injured worker and the lack of supporting documentation they fail to support the continued use of this medication per CA MTUS.

Tramadol 50mg Qty: 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Classification-Tramadol (Ultram) Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Tramadol 50mg #200 is not supported as medically necessary. The injured worker has bilateral knee osteoarthritis for which he has been recommended to undergo a left total knee arthroplasty. The serial records provide no data establishing that there is a signed pain management contract, or evidence of compliance testing through urine drug screen. No information was submitted regarding serial VAS scores or reduction of VAS scores while on medications. Therefore, the efficacy of this medication cannot be quantified. Given the chronicity of the condition of the injured worker the lack of supporting documentation fails to support the continued use of this medication per CA MTUS.

Lorazepam 2mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Lorazepam 2mg #30 is not supported as medically necessary. Lorazepam is a benzodiazepine. Per CA MTUS the chronic use of benzodiazepines is discouraged. The record provided no supporting data establishing benefit from this medication and as such medical necessity for continuation is not established.

Warfarin 1mg Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Warfarin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Deep Venous Thrombosis.

Decision rationale: The request for Warfarin 1mg #30 is not supported as medically necessary. Submitted serial records indicate that on multiple occasions the injured worker has been recommended to undergo left total knee arthroplasty. There is no data contained in the record which would suggest that the injured worker has been approved for this surgery or that surgical intervention is imminent. As such, the use of Warfarin as a prophylaxis for DVT (deep vein thrombosis) is not supported as medically necessary.

Warfarin 2mg Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Warfarin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Deep Venous Thrombosis.

Decision rationale: The request for Warfarin 2 mg #30 is not supported as medically necessary. Submitted serial records indicate that on multiple occasions the injured worker has been recommended to undergo left total knee arthroplasty. There is no data contained in the record which would suggest that the injured worker has been approved for this surgery or that surgical intervention is imminent. As such, the use of Warfarin as a prophylaxis for DVT is not supported as medically necessary.

Warfarin 5mg Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Warfarin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Deep Venous Thrombosis.

Decision rationale: The request for Warfarin 5 mg #30 is not supported as medically necessary. Submitted serial records indicate that on multiple occasions the injured worker has been recommended to undergo left total knee arthroplasty. There is no data contained in the record which would suggest that the injured worker has been approved for this surgery or that surgical

intervention is imminent. As such, the use of Warfarin as a prophylaxis for DVT is not supported as medically necessary.

Zolpidem 10mg Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Pain - Zolpidem (Ambien).

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.

Decision rationale: The request for Zolpidem 10mg #30 is not supported as medically necessary. Per current evidence based guidelines Zolpidem is clinically indicated to treat transient sleep disturbance. This medication is typically provided for two to three weeks and then discontinued with normalization of sleep. Official Disability Guidelines does not support the chronic use of Zolpidem in treatment of sleep disturbance. As such, medical necessity is not established.