MAXIMUS Federal Services

Case Number:	CM14-0078812		
Date Assigned:	07/18/2014	Date of Injury:	06/17/2009
Decision Date:	08/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 61-year-old male who reported an injury 06/17/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/18/2014 indicated diagnoses of right knee medial and lateral meniscus tear, right knee chondromalacia and right knee mild degenerative joint disease. The injured worker reported pain in the left knee as intermittent, sharp, stabbing, located on the lateral portion of the knee. Reported climbing hills and stairs was extremely painful and caused him to be in excruciating pain for up to 2 weeks. The injured worker reported he was able to walk 4-10 miles a day at work. The injured worker reported his knee would lock up and catch occasionally, and he would shake it out in order to loosen his knee. The injured worker reported swelling over the lateral portion of the knee joint and was currently taking tramadol ER and Flexeril, but was having very limited relief. On physical exam of the right knee there was no swelling. There was tenderness to palpation over the medial and lateral joint line. There was no instability with manipulation or weightbearing. The injured worker had a positive McMurray's and Apley's comprehension test. The unofficial MRI of the right knee dated 01/17/2014 revealed posterior horn medial meniscal tear at the meniscotibial attachment root, complex tear anterior horn to body and posterior horn, lateral meniscus, with anterior lateral perimeniscal cyst formation and lateral compartmental meniscal spurring, lateral patellar tilt and subluxation with patellar chondral thinning and small joint effusion were seen. Prior treatments included diagnostic imaging and medication management. Medication regimen included Percocet, Ambien, Keflex, and Zofran. A request for authorization dated 04/18/2014 was submitted for the above medications and a rationale was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet - Opioids Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behaviors and side effects. The injured worker was recommended to undergo surgery of the knee and, therefore, antibiotics and sleep medication, nausea medication, and pain medication has been prescribed; however, it was not indicated if the surgery was aprroved. Therefore, the request for Percocet 5/325mg #120 is not medically necessary and appropriate.

Ambien 10mg #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: Pain (Chronic) (updated 04/10/14).

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, AMBIEN.

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also indicate while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. In this case, the injured worker was recommended to undergo surgery of the knee and, therefore, antibiotics and sleep medication, nausea medication, and pain medication has been prescribed; however, the request for authorization has not yet been approved for this surgery. Therefore, the request for Ambien 10mg #30 is not medically necessary and appropriate.

Keflex 500 mg #12: 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RXList, Keflex.

Decision rationale: The RX List recommends Keflex for urinary tract infections and bladder infections. The injured worker was recommended to undergo surgery of the knee and, therefore, antibiotics and sleep medication, nausea medication, and pain medication has been prescribed; however, the request for authorization has not yet been approved for this surgery. Therefore, it is not necessary for the Keflex to be approved at this time. As such, the request for Keflex 500mg #12 is not medically necessary and appropriate.

Zofran 4mg #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.

Decision rationale: The Official Disability Guidelines do not recommend Ondansetron (Zofran) for nausea and vomiting secondary to chronic opioid use. The injured worker was recommended to undergo surgery of the knee and, therefore, antibiotics and sleep medication, nausea medication, and pain medication has been prescribed; however, the request for authorization has not yet been approved for this surgery. Therefore, the request for Zofran 4mg #30 is not medically necessary and appropriate.