

Case Number:	CM14-0086211		
Date Assigned:	07/23/2014	Date of Injury:	08/04/2011
Decision Date:	09/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Interventional Spine 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 36-year-old male with date of injury of 08/04/2011. The listed diagnoses per [REDACTED] are musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; disk protrusion, L3-L4 (3 mm per film review), L4-L5 and L5-S1 per MRI dated 12/26/2011; internal derangement of the left knee; tear, medial meniscus, left knee; chondromalacia, left knee; and disk protrusion, L5-S1. According to the report dated 04/22/2014, the patient is taking Tramasetron and Midazolam/Melatonin daily, which help reduce his pain and allow for better sleep. He obtains about 6 hours of sleep while taking Midazolam/Melatonin. The patient has no new injuries. The patient is not attending therapy since he has completed 3 sessions. His pain goes down from 10/10 to 9/10 after taking Tramasetron. The patient utilizes his TENS unit daily. He describes his low back pain as sharp and stabbing, that travels to his bilateral legs. He has tingling and numbness on the left side of the lower back down to his knee. He is getting a lot of muscle spasms in his left buttocks. His left knee has a lot of achy pain that has increased. His left knee is swollen. He has clicking, popping, and giving out of his left knee. The objective findings show there is tenderness over the posterior superior iliac spine on the left. There is a positive McMurray's maneuver medially on the left knee. No other findings were noted on this report. The utilization review denied the request on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Midazolam/Melatonin 10/3 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting Midazolam/Melatonin 10/3 mg. The MTUS Guidelines page 24 on Benzodiazepines states that it is not recommended for long-term use because long-term efficacy is not proven; there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient has been using Midazolam since February 2014. In this case, MTUS Guidelines do not support the long-term use of this medication. Therefore, this request is not medically necessary.

Tramasetron 100/250/2 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 70, 78.

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting Tramasetron. According to the UR letter, Tramasetron is a combination Tramadol/Acetaminophen/Ondansetron. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 70 of MTUS requires pain assessment that requires current pain; the least reported pain over the periods since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the 4 as for ongoing monitoring are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been taking Tramasetron since February 2014. The provider documents medication efficacy stating that Tramasetron and midazolam/melatonin help reduce the patient's pain and allow him for better sleep. His pain goes down from 10/10 to 9/10 after taking Tramasetron. The provider does not discuss specifics regarding ADLs to denote significant improvement, no mention of quality of life changes as well as adverse side effects and aberrant drug-seeking behavior such as a urine drug screen. Furthermore, Tramasetron provides very minimal pain relief. Finally, Ondansetron contained in this medication is not indicated for opiate induced nausea but indicated for post-op/chemo/radiation nausea. Therefore, this request is not medically necessary.

Pre-Operative Orders, Labs, EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative electrocardiogram (ECG).

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting pre-op orders, labs, EKG. The progress report dated 04/22/2014 notes that the patient is awaiting authorization to schedule the left knee arthroscopy. The MTUS and ACOEM Guidelines do not address this request. However, Official Disability Guidelines on preoperative lab testing that it is indicated under the following criteria: For patients undergoing invasive urologic procedures; for patients with underlying chronic disease; for patient at risk for undiagnosed diabetes mellitus, etc. The report dated 09/2012 notes that the patient denies any history of diabetes, high blood pressure, cardiac, pulmonary, renal, or gastrointestinal disorders. In this case, the patient does not meet the criteria for preoperative EKG, although lab testing may be appropriate prior to surgery. Therefore, this request is not medically necessary.

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Preoperative testing, general.

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting pre-operative chest x-ray. The MTUS and ACOEM Guidelines do not address this request. However, Official Disability Guidelines on preoperative testing states that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. This patient does not present with cardiovascular disease or pulmonary disease that would possibly change perioperative management. Furthermore, the provider does not state that the patient is at high risk for post-operative pulmonary complications. Therefore, this request is not medically necessary.

Left Knee Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery - Diagnostic arthroscopy.

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting a left knee arthroscopy. The Official Disability Guidelines on diagnostic arthroscopy states that it is indicated for patients who fails conservative care, continues to symptomatic, and has positive exam and MRI findings. The records show that the patient has not had previous arthroscopy of the knee. According to the QME report dated 11/04/2013, there is positive tenderness in the medial joint line, medial femoral condyle, and medial tibial plateau of the left knee. There is a positive patellar crepitation. The progress report dated 04/22/2014 notes that the patient has a lot of achy pain that has increased in his left knee. There is swelling with his left knee. He has clicking, popping, and giving out of his knee. He has a positive McMurray's maneuver medially on the left knee with tenderness over the posterior superior iliac spine on the left. The MRI of the left knee dated 09/25/2013 show medial meniscal tears, anterior and posterior horns. Probable type 1 myxoid changes and complex tear cannot be totally excluded. Despite conservative treatment, the patient continues to report pain and numbness and tingling down the left knee. The MRI also shows meniscal tears including a probable complex tear. In this case, the patient meets the criteria set by the Official Disability Guidelines. Therefore, this request is medically necessary.

Hydrocodone/APAP/Ondansetron 5/300/2 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 76-78.

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting Hydrocodone/APAP/Ondansetron. The report dated 04/22/2014 notes that the medications Hydrocodone/APAP/Ondansetron is recommended as post-surgery medication. The MTUS Guidelines, page 76 to 78 under criteria for initiating opioids, recommend that reasonable alternatives have been tried, consider the patient's likelihood of improvement, likelihood of use, etc. The records show that the patient has not utilized Hydrocodone/APAP/Ondansetron in the past. Given the authorization of the patient's knee surgery, the requested opioid is warranted for post-surgical pain. Therefore, this request is medically necessary.

8 Physical Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting 8 physical therapy sessions. The MTUS post-surgical guidelines page 24 and 25 recommends 24 visits over 10 weeks following arthroplasty. In this

case, the patient's knee surgery was authorized and the requested 8 sessions are within post-surgical guidelines. Therefore, this request is medically necessary.

TENS Unit Rental - 2 Weeks Post-Operative: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting TENS unit 2 weeks postoperative. The MTUS Guidelines page 114 to 116 on TENS unit states that it is recommended as a treatment option for acute postoperative pain in the first 30 days post-surgery. Given that the patient's left knee arthroscopy was authorized, the use of the TENS unit postoperative is reasonable. Therefore, the request is medically necessary.

Cooling Unit Rental - 2 Weeks Post-Operative: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cooling systems.

Decision rationale: This patient presents with low back and left knee pain with sleeping difficulty. The provider is requesting a cooling unit rental for 2 weeks postop. The MTUS and ACOEM Guidelines are silent when it comes to this request. However, Official Disability Guidelines recommends at home local applications of cold packs in the first few days of acute complaints, thereafter application of heat packs. Official Disability Guidelines further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Official Disability Guidelines also states under continuous-flow cryotherapy that it is recommended as an option after surgery but not for a nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In this case, while the patient's knee surgery was authorized, the requested 2 week rental exceeds Official Disability Guidelines recommendations. Therefore, this request is not medically necessary.