

Case Number:	CM14-0179088		
Date Assigned:	11/03/2014	Date of Injury:	07/24/2012
Decision Date:	01/08/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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 injured worker is a 49-year-old female who reported an injury on 07/27/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of internal derangement of the left knee. Past medical treatment consists of physical therapy, injections, the use of a brace, and medication therapy. Medications consist of Diclofenac Sodium, Tramadol, Ibuprofen, Flector Patches, Omeprazole, and Ambien. No pertinent diagnostics were submitted for review. On 10/01/2014 the injured worker complained of left knee pain. She stated that the "medications helped with pain but she was concerned with side effects to her liver." Upon physical examination, it was noted that the injured worker had an antalgic gait, favoring the left lower extremity. Medical treatment plan is for the injured worker to undergo arthroscopy of the left knee. No rationale or Request for Authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The request for Arthroscopy of the Left Knee is not medically necessary. According to California MTUS/ACOEM Guidelines, arthroscopic meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear. The guidelines also state that there should be "clear signs of a bucket handle tear on examination and consistent findings on MRI." Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The submitted documentation lacked any indication of the injured worker having any locking, popping, giving way, or recurrent effusion. There were no MRIs submitted for review indicating a diagnosis congruent with above guidelines. It was documented that the injured worker had undergone physical therapy; however, there were no indications as to how many physical therapy sessions the injured worker had completed to date, nor was there any evidence of outcome. Additionally, on examination, there was no evidence of tenderness over the suspected tear or over the joint line. Physical examination lacked evidence of range of motion, motor strength and/or sensory deficits. Given the above, the injured worker is not within recommended guideline criteria. As such, the request for Arthroscopy of the Left Knee is not medically necessary.

Zopidem 10 mg # 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)

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 request for Zolpidem 10 mg with a quantity of 30 is not medically necessary. The Official Disability Guidelines state that Zolpidem is a "prescription short acting nonbenzodiazepine hypnotic which is approved for short term, usually 2 to 6 weeks, treatment for 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. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic low back pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long term use. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The documentation dated 10/01/2014 indicated that the injured worker had been on the medication Zolpidem since at least this time, exceeding the guideline recommendations for short term use. Furthermore, the efficacy of the medication was not documented in the submitted report. Additionally, a rationale was not submitted for review to warrant the continuation of the medication. Given the above, the injured worker is not within ODG criteria. As such, the request is not medically necessary.

Tramadol 50 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, and 78.

Decision rationale: The request for Tramadol 50 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines state central acting analgesic drugs, such as tramadol, are "reported to be effective in managing in neuropathic pain." It is not recommended as a first line oral analgesic. The guidelines also state that there should be documented assessments of ongoing monitoring, to include what pain levels are before, during, and after medication administration. There should also be documentation of adverse side effects and aberrant drug taking behaviors. The submitted documentation did not indicate what pain levels are before, during, and after medication administration, nor was there any indication of monitoring for aberrant drug taking behaviors. Furthermore, it is unclear whether the medication was helping with any functional deficits. Given the above, the injured worker is not within California MTUS recommended guideline criteria. As such, the request is not medically necessary.