

Case Number:	CM14-0199581		
Date Assigned:	12/10/2014	Date of Injury:	08/30/2011
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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, 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:

32 year old male claimant with an industrial injury dated 08/30/11. The patient is status post a right knee arthroscopy as of 02/13/13. MRI of the right knee dated 08/14/13 reveals a microfracture of previous chondral defect median patellar ridge, expected postsurgical appearance without evidence of chondral fissure, flap or other abnormality, and post arthroscopy scarring deep margin infrapatellar fat pad adjacent to the trochlea. Exam note 06/02/14 states the patient returns with right knee pain. The patient explains that the pain radiates to the left hip. The patient rates the pain a 5/10. Current medications include Tramadol and naproxen. Upon physical exam there was pain to palpation over the right knee. The patient demonstrated a restricted range of motion with flexion in the lumbar spine. Treatment includes additional physical therapy sessions, and a Platelet Rich Plasma injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Tylenol 1 gram IV: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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: Singla NK, Hale ME, Davis JC, Bekker A, Gimbel J, Jahr J, Royal MA, Ang RY,

Viscusi ER. IV Acetaminophen: Efficacy of a Single Dose for Postoperative Pain after Hip Arthroplasty: Subset Data Analysis of 2 Unpublished Randomized Clinical Trials. Am J Ther. 2015 Jan-Feb;22(1):2-10.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Ofirmev (1 gram Acetaminophen IV). Alternative guidelines were utilized. Singla et al in 2015 demonstrated that the use of IV acetaminophen reduced the need for rescue opioid consumption in patients with moderate to severe pain after total hip arthroplasty. The use of Ofirmev therefore is an appropriate alternative choice in multimodal pain management prior to surgery. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Therefore, this request is medically necessary.

Pre-operative Oxycontin 20mg x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin Page(s): 92.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 92 states that Oxycontin tablets are not intended for use as a prn analgesic. It is indicated for management of moderate to severe pain, where around the clock analgesic for extended period of time. There is insufficient evidence from the records of 6/2/14 that there is anticipated moderate to severe pain, which will require the degree of analgesic effect provided by Oxycontin. Therefore the request is not medically necessary.