

Case Number:	CM14-0200501		
Date Assigned:	01/14/2015	Date of Injury:	10/09/2012
Decision Date:	02/12/2015	UR Denial Date:	10/28/2014
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 Physical Medicine Rehab, has a subspecialty in Pain 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 24 year-old female with a date of injury of October 9, 2012. The patient's industrially related diagnosis is right knee lateral patella subluxation syndrome. A right knee MRI on 8/7/14 demonstrated subchondral defect lateral patella. The disputed issues are prescriptions for Norco 10/325mg #60, Tramadol 50mg #60, Anaprox 550mg #60, and Keflex 500mg #38. A utilization review determination on 10/28/2014 had non-certified these requests. The stated rationale for the denial of Norco was: "The claimant has been approved for this medication in the past. There was no documentation of subjective or objective benefit from use of this medication. Therefore Norco 10/325mg #60 is not medically necessary." The stated rationale for the denial of Tramadol was: "The claimant has been approved for this medication in the past. There was no documentation of subjective or objective benefit from use of this medication. Therefore Tramadol 50mg #60 is not medically necessary." The stated rationale for the denial of Anaprox was: "Documents provided reveal the claimant has been on this medication in the past and there is no documentation of the claimant's report of efficacy with this medication. Therefore, the request for Anaprox 550mg #60 is not medically necessary." Lastly, the stated rationale for the denial of Keflex was: "The submitted records do not indicate the claimant has a current infection. At this time, for surgical intervention has been considered not medically necessary and therefore the request would not be considered necessary for prep and postop prophylactics of an infection."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. The DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed, and closer monitoring is encouraged. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. The utilization review indicated that the injured worker was previously approved for this medication and within the medical records available for review, there was documentation that the injured worker was consuming a Schedule 3 IR opioid greater than 5/day. However, there was no indication of improvement in function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) with previous use of this medication. As such, there is no clear indication for use of this medication. In the absence of such documentation, the currently requested Norco 10/325mg #60 is not medically necessary.

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Due to abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the medical records available for review, there was documentation of pain relief and functional improvement with the use of Tramadol ER previously. The treating physician indicated that Tramadol ER provided an approximate five-point diminution in pain and there was documentation of improvement in function with specific examples provided (such as improvement in range of motion and improvement in ADLs). Possible side effects were discussed. Lastly, there was some discussion regarding possible aberrant behavior, and the injured worker was screened for aberrant and non-aberrant drug-related behavior including misuse, diversion, substance abuse, psychological dysfunction, and doctor-shopping. Based on documentation, the currently requested Tramadol 50mg #60 is medically necessary.

Anaprox 550mg #60: Overturned

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 Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Anaprox (Naproxen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the medication records available for review, the treating physician documented that the injured worker had right knee pain rated as 9/10 and Naproxen 550mg provided a 2-point average diminution in pain with reported/documentated increase in range of motion. Furthermore, there was documentation that the injured worker failed other first-line NSAIDs such as ibuprofen, diclofenac sodium, Cox-2 drug and aspirin trials were non-efficacious providing no relief. Based on the documentation, the currently requested Anaprox 550mg #60 is medically necessary.

Kelfex 500mg #38: 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: Clinical practice guideline for the patient safety at surgery settings

Decision rationale: Regarding the request for Keflex, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances (except if surgery lasts longer than four hours or if loss of blood exceeds 1500 cc). A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the information made available for review, there is documentation that the request for right knee arthroscopic chondroplasty patella along with lateral reticular release was non-certified on 10/24/2014. As such, the currently requested Keflex 500mg #38 is not medically necessary.