

Case Number:	CM14-0204316		
Date Assigned:	01/28/2015	Date of Injury:	11/23/2011
Decision Date:	03/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old cement finisher has a date of injury 11/23/2011. Mechanism of injury is not in the documentation. He underwent a right knee arthroscopy and menisectomy in 2013. A second EMG and NCV of the lower extremities on 9/17/2013 were normal. Psychological evaluation on 12/13/2013 showed major depression, severe alcohol dependence, chronic pain, and signs of somatization. MRI of the left knee on 12/13/2013 showed a linear signal in the posterior horn of the medial meniscus consistent with a tear and effusion. He underwent a hernia repair 3/19/2014. Exam on 07/25/2014 showed right knee extension at 170, flexion 110; left knee extension 150. It was noted worker arrived for visit on 07/22/2014 wearing bilateral knee braces, was hobbling and using a cane. Diagnoses on 7/22/2014 were stable right knee post partial menisectomy, chronic left knee pain with evidence of Meniscal tear, chronic low back pain, multilevel degenerative disc disease, psychiatric disorder and symptom magnification. On his visit 11/12/2014 he was ambulating with a cane, limping and complained his knee was unstable and would give out. He had pain along the medial left knee, tenderness along the inner patella, a positive drawer sign, positive Mc Murray's and a negative Lachman's test. He was prescribed trazadone 50, nalfon 400 mg, Neurontin 800 mg, tramadol, ER 150, Effexor 75, protonix, Zofran, and amoxicillin. Utilization review denied the request for arthroscopic menisectomy on 11/20/2014 citing the absence of an official MRI of the knee and documentation of the physical therapy the worker had been involved in.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: MTUS recommends the lowest dose for the shortest period of time in patients with moderate to severe pain. Documentation is not provided to show this happened. Therefore, the request is not medically necessary.

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: Gabapentin has been shown to be effective in diabetic painful neuropathy and post herpetic neuralgia and is considered a first line treatment for neuropathic pain. Documentation is not present to provide rationale for its administration to the injured worker. Therefore, the request is not medically necessary.

Trazodone 50mg # 60: 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 Official Disability Guidelines (ODG) -Trazodone

Decision rationale: Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. A double blind study showed it to be no better in the second week of administration than the placebo. Documentation does not show other sleep aids failed or that the worker was having significant problems with anxiety. Therefore, the request is not medically necessary.

Left knee arthroscopy meniscectomy: Upheld

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

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

Decision rationale: California MTUS, page 343-345, notes patients without progressive or severe activity limitation can be encouraged to live with symptoms. Arthroscopic meniscectomy can be recommended for patients with severe mechanical symptoms and signs if the MRI findings are consistent for a meniscal tear. With the worker's history of symptom magnification validation in favor of surgery is difficult, especially in the absence of a recent MRI scan. Quadriceps strengthening is recommended (p.338) Details of home exercise program are not found in the documentation. Left knee arthroscopic meniscectomy is not necessary or appropriate.