

Case Number:	CM15-0012736		
Date Assigned:	01/30/2015	Date of Injury:	03/28/2013
Decision Date:	04/09/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Orthopedic 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:

The injured worker (IW) is a 24-year-old female who sustained an industrial injury on 03/28/2013. She has reported right knee pain, giving way, and swelling. Diagnoses include right knee lateral meniscal tear, neck pain, upper and lower back pain, cubital tunnel syndrome, bilateral carpal tunnel syndrome, right shoulder impingement, and left medial meniscal tears. Treatment to date includes conservative care. A progress note from the treating provider dated 12/09/2014 demonstrates lateral joint line tenderness, and full range of motion with 1+ effusion and a negative ligamentous exam. A MRI on the right knee on 05/06/2014 showed a tear in the posterior horn of the lateral meniscus with large adjacent peri-meniscal tear. Treatment plan includes a right knee arthroscopic surgery. On 01/07/2015, Utilization Review non-certified a request for Post-operative Keflex 500 mg # 28 citing <http://www.drugs.com/pro/keflex.html>. On that same date, Utilization Review also non-certified a request for Post-operative Tramadol 50 mg # 60 or Tramadol HCL ER 150 mg # 30. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Tramadol 50 mg # 60 or Tramadol HCL ER 150 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 12/9/14 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol is not medically necessary and it is noncertified.

Post operative Keflex 500 mg # 28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/keflex.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1;66(1):119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections"; Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the exam note of 12/9/14 of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.