

Case Number:	CM15-0134164		
Date Assigned:	07/23/2015	Date of Injury:	11/03/2014
Decision Date:	09/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female patient who sustained an industrial injury on 11/03/2014. The accident was described as while working in a dental office she experienced acute onset of pain while climbing up and down on a step stool along with back and forth from a sitting position and kneeling for a long time she twisted her knee and could not walk thereafter. A recent second opinion visit dated 06/09/2015 reported present complaint of having relatively severe pain with weight bearing activities, walking, squatting, kneeling or prolonged sitting. Her activities have been markedly curtailed. She was diagnosed with right knee internal derangement. The patient was given the option to undergo arthroscopic evaluation with possible treatment of tear and or live with this significant disability. She was prescribed Norco 5/325mg. A primary treating office visit dated 03/27/2015 reported ongoing right knee pain wishing to precede with injection this visit. She was diagnosed with having osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Keflex 500mg #28: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that arthroscopic surgery can be utilized for the treatment of severe knee arthritis pain that did not respond to conservative treatments with medications and PT. The guidelines also recommend that post operative medications and be utilized for the prevention of post operative infection and the treatment of post operative pain. The records indicate that these medications are being utilized in the post operative period as indicated. The criteria for the use of Post-op Keflex 500mg #28 was met. The request is medically necessary.

Post-op Norco 10/325mg #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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that arthroscopic surgery can be utilized for the treatment of severe knee arthritis pain that did not respond to conservative treatments with medications and PT. The guidelines also recommend that post operative medications and be utilized for the prevention of post operative infection and the treatment of post operative pain. The records indicate that these medications are being utilized in the post operative period as indicated. The criteria for the use of Post-op Norco 10/325mg #60 was met. The request is medically necessary.

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

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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that arthroscopic surgery can be utilized for the treatment of severe knee arthritis pain that did not respond to conservative treatments with medications and PT. The guidelines also recommend that post operative medications and be utilized for the prevention of post operative infection and the treatment of post operative pain. The records indicate that these medications are being utilized in the post operative period as indicated. The records also indicate a request for Norco utilization to

be used concurrently. Therefore the criteria for the use of Post -op Tramadol 50mg #60 or Tramadol HCL ER 150mg #30 Post-op was not met. The request is not 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): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that arthroscopic surgery can be utilized for the treatment of severe knee arthritis pain that did not respond to conservative treatments with medications and PT. The guidelines also recommend that post operative medications and be utilized for the prevention of post operative infection and the treatment of post operative pain. The records indicate that these medications are being utilized in the post operative period as indicated. The criteria for the use of Anaprox 550mg #60 was met. The request is medically necessary.