

Case Number:	CM15-0181586		
Date Assigned:	09/22/2015	Date of Injury:	05/24/2011
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 53 year old female who sustained an industrial injury on 5-24-11. The injured worker reported pain in the left upper extremity, left lower extremity and back. A review of the medical records indicates that the injured worker is undergoing treatments for chronic pain, knee pain, low back pain, pain in elbow, and lumbago-sciatica due to displacement of lumbar intervertebral disc. Medical records dated 6-25-15 indicate pain rated at 7 out of 10. Treatment has included Norco since at least April of 2015, Naproxen since at least April of 2015, icing, Lidoderm Patch, and physical therapy. Objective findings dated 6-25-15 were notable for limited lumbar spine range of motion, tenderness to palpation to the low back. The treating physician indicates that a urine drug testing prescription was given to the injured worker at the 6-25-15 visit. The original utilization review (9-8-15) denied a request for Left Knee Scope Debridement and Chondral Meniscal Surgery, Post-Operative Physical Therapy 3x8 (24 Visits), Crutches, Game Ready Cryotherapies Unit X 14 Days, Keflex 500 milligrams quantity of 28, Phenergan 25 milligrams quantity of 30, Percocet 600 milligrams quantity of 90 and Ibuprofen 10-325 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Scope Debridement and Chondral Meniscal Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Arthroscopic surgery for osteoarthritis.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines do not specifically address this topic. Per ODG Guidelines, surgery for osteoarthritis of the knee is "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." In the Meniscal Tear in Osteoarthritis Research (METEOR) trial, there were similar outcomes from PT versus surgery. In this RCT, arthroscopic surgery was not superior to supervised exercise alone after non-traumatic degenerative medial meniscal tear in older patients. The medical documentation does not reflect that this patient has imaging studies, which have demonstrated joint pathology that is not osteoarthritis related. Traumatic knee injury is only indicated for surgery if there is clinically and radiographically evident joint disease. This patient has been documented to have osteoarthritis of the knee with a remote trauma. He has only failed mediation use and has not trialed physical therapy. Therefore, per ODG, surgery is not recommended. Therefore, based on the submitted medical documentation, the request for left knee scope, debridement and chondral meniscus surgery is not medically necessary.

Post-Operative Physical Therapy 3x8 (24 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, arthroscopic surgery for osteoarthritis.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), states that post-op physical therapy is "Recommended generally if there is a medical need" post-operatively. This patient's request for surgery is not authorized. This patient has been requested to receive multiple sessions of physical therapy post-operatively after surgery. The patient's surgery has not been approved and thus the requested sessions are not indicated. Therefore, based on the submitted medical documentation, the request for physical therapy is not-medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment, Crutches and Canes.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this order for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of post-op durable medical equipment. The states that durable medical equipment is "Recommended generally if there is a medical need" post-operatively. This patient's request for surgery is not authorized. Therefore, a need for the requested equipment does not exist. Therefore, based on the submitted medical documentation, the request for postoperative crutches is not medically necessary.

Game Ready Cryotherapies Unit X 14 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this order for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of post-op durable medical equipment. The states that durable medical equipment is "Recommended generally if there is a medical need" post-operatively. This patient's request for surgery is not authorized. Therefore, a need for the requested equipment does not exist. Therefore, based on the submitted medical documentation, the request for postoperative game ready cryotherapy is not medically necessary.

Keflex 500mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine and additional Literature.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Federal Drug Administration (FDA) Cephalexin Indications Use and Prescribing Information http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/050405s0971b1.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Cephalexin prescription for this patient. Keflex is the name brand equivalent of generic Cephalexin. The clinical records submitted do not support the fact that this patient has

an active soft tissue infection. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of Cephalexin prescription. Per the Federal Drug Administration's (FDA) prescribing guidelines for Cephalexin, "Culture and susceptibility tests should be initiated prior to and during therapy". Additionally, "To reduce the development of drug-resistant bacteria and maintain the effectiveness of Keflex and other antibacterial drugs, Keflex should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria." Although this patient has not had any documented soft tissue infections in the remote past. There is no indication that he currently has an active infection. Chronic use of unnecessary antibiotics can lead to diarrhea and antibiotic drug resistance. Furthermore, the patient's request for surgery is not authorized so preoperative or postoperative antibiotic use is also not authorized. Therefore, based on the submitted medical documentation, the request for Keflex prescription is not medically necessary.

Phenergan 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetic for opioid nausea.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines are silent on the use of Phenergan. Per ODG guidelines, Antiemetics such as Phenergan are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The claimant has been on chronic medical therapy and anticipates continuing this therapy in the post-operative period. Since this patient's surgery is not authorized, there is no indication for this medication. Therefore, based on the submitted medical documentation, the request for Phenergan is not medically necessary.

Percocet 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) if the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." 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 go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.

Ibuprofen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." This patient has a history of traumatic fall with osteoarthritis of the knee. The patient has currently only used medication therapy without clinical improvement. The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for ibuprofen prescription has not been established.