MAXIMUS Federal Services

Case Number:	CM15-0183391		
Date Assigned:	09/25/2015	Date of Injury:	04/23/2015
Decision Date:	12/04/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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 51-year-old male injured worker suffered an industrial injury on 4-23-2015. The diagnoses included right knee strain with magnetic resonance imaging positive for high-grade strain-partial tear of the ACL as well as oblique tear of the body of the medical meniscus. On 7-31-2015, the provider reported the right knee pain was getting progressively worse with a noticeable limp. The Lidocaine gel eased the pain along with Tramadol and Meloxicam. On exam there was moderate to slight swelling of the right knee, joint effusion and positive ballottement sign along with reduced range of motion. Consultation to an orthopedic surgeon was obtained. On 8-23- 2015, the orthopedic provider reported he had a magnetic resonance imaging of the right knee which revealed evidence of a tear of the medial meniscus and mild arthritic changes. On exam, the range of motion was 0 to 140 degrees, mild patellofemoral crepitus along with medical joint tenderness. The provider noted there was symptomatic medical meniscal tear. The provider indicated all the requested treatments were associated with the requested surgical intervention. The McMurray's test is positive with varus stress. Prior treatment included medication. Request for Authorization date was 8-23-2015. The Utilization Review on 9-3-2015 determined non- certification for Right knee meniscectomy debridement, Assistant surgeon, Norco 5/325mg #30, 1-2 by mouth Q4-6hrs PRN pain, Vitamin C 500mg #60, 1 by mouth QD, Colace 100mg #10, 1 cap by mouth BID, Keflex 500mg #4, 1 cap by mouth QID, Zofran 4mg #10, 1 by mouth Q4-6hrs PRN Nausea, Naproxen 500mg #60, 1 by mouth with food BID, Lidopro Gel #1, applied up to TID, Ultram ER 150mg #60, 1 tab BID PRN, Meloxicam 50mg #30, 1 QD PRN, and Post- operative physical therapy for the right knee, 2 times per week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee meniscectomy debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Meniscectomy.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines states that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the exam notes from 8/23/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not medically necessary.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post operative physical therapy for the right knee, 2 times per week for 8 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vitamin C 500mg #60, 1 by mouth QD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/19032072; Vitamin C: is supplementation necessary for optimal health? Deruelle F1, Baron B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

Decision rationale: The Chronic Pain Medical Treatment 2009 Guidelines, states that 500mg of Vitamin C daily may be started in cases of post fracture chronic regional pain syndrome Type I. In this case, the exam notes from 8/23/15 do not demonstrate evidence satisfying the stated criteria. Therefore, the request is not medically necessary.

Colace 100mg #10, 1 cap by mouth BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical 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) Pain Chapter, Opioid induced constipation treatment.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of stool softeners. According to the Official Disability Guidelines Pain section, regarding opioid induced constipation treatment, if prescribing opioids has been determined to be appropriate. Additionally the ODG recommends that Prophylactic treatment of constipation should be initiated when initiating opioid therapy. In this case, opioids are not appropriate. Therefore, the request is not medically necessary.

Keflex 500mg #4, 1 cap by mouth QID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician Journal, 2002 July 1; 66 (1): 119-125, Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections.

Decision rationale: The 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 medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. Therefore, the request is not medically necessary.

Zofran 4mg #10, 1 by mouth Q4-6hrs PRN Nausea: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron (Zofran).

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of Zofran for postoperative use. According to the Official Disability Guidelines, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the exam note from 8/23/15 does not demonstrate evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, the request is not medically necessary.

Naproxen 500mg #60, 1 by mouth with food BID: 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).

Decision rationale: According to the Chronic Pain Medical Treatment 2009 Guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 8/23/15. Therefore, the request is not medically necessary.

Lidopro Gel #1, applied up to TID: 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): Topical Analgesics.

Decision rationale: According to the Chronic Pain Medical Treatment 2009 Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.

Ultram ER 150mg #60, 1 tab BID PRN: 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): Opioids (Classification).

Decision rationale: According to the Chronic Pain Medical Treatment 2009 Guidelines, 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 8/23/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, the request is not medically necessary.

Meloxicam 50mg #30, 1 QD PRN: 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).

Decision rationale: According to the Chronic Pain Medical Treatment 2009 Guidelines, Mobic is a non-steroidal anti-inflammatory indicated for relief of the signs and symptoms of osteoarthritis. In this case, the exam notes from 8/23/15 do not demonstrate any evidence of significant osteoarthritis or functional improvement to warrant use of Mobic. Therefore, the request is not medically necessary.

Norco 5/325mg #30, 1-2 by mouth Q4-6hrs PRN pain: 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): Opioids, criteria for use.

Decision rationale: According to the Chronic Pain Medical Treatment 2009 Guidelines, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/23/15. Therefore, the request is not medically necessary.