

Case Number:	CM15-0209604		
Date Assigned:	10/28/2015	Date of Injury:	04/23/2015
Decision Date:	12/10/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old male with an industrial injury dated 04-23-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right knee strain with MRI positive for high grade strain and partial tear of anterior cruciate ligament (ACL) and oblique tear of the body of the medial meniscus. According to the progress note dated 09-09-2015, the injured worker reported right knee pain with difficulty sitting and standing. Medications include Ultram, Meloxicam, and Lidopro gel prescribed since April of 2015. Pain level was not documented in report (09-09-2015). Objective findings (07-31-2015, 09-09-2015) revealed knee extension and flexion are 4 out of 5 due to pain, antalgic gait due to right knee pain, slight to moderate swelling of the right knee compared to the left, tenderness to palpitation of the medial joint line of moderate degree and joint effusion with positive ballottement sign. X-ray of the right knee dated 08-22-2015 revealed atherosclerosis. Treatment has included X-ray of right knee, Magnetic Resonance Imaging (MRI) of right knee on 05-20-2015, prescribed medications, and periodic follow up visits. The injured worker is on temporary total disability. In an orthopedic consultation report dated 08-23-2015, recommendation was made for right knee surgery with authorization for prescriptions given at preoperative appointment. The utilization review dated 10-19-2015, non-certified the request for Keflex 500mg 1 cap po qid #4, Naproxen 500mg 1 po bid #60 and Zofran 4mg 1po q4-6hr prn #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg 1po q4-6hr prn #10: Upheld

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

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 an pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and Odansetron is not medically necessary.

Naproxen 500mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs including Meloxicam for several months in the past. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

Keflex 500mg 1 cap po qid #4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease and pg 16.

Decision rationale: According to the recommended as first-line treatment for cellulitis and other conditions. In this case, the antibiotics are not indicated since there is no evidence of infection. Routine procedure is to provide antibiotics at time of surgery via IV to prevent infection. Post-op antibiotics are not medically necessary for an arthroscopic surgery.