MAXIMUS Federal Services

Case Number:	CM15-0032339		
Date Assigned:	02/25/2015	Date of Injury:	07/13/2012
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45-year-old female reported a work-related injury on 07/13/2012. According to the progress notes from the treating provider dated 1/6/15, the injured worker (IW) reports persistent left shoulder and low back pain with numbness, tingling and weakness in both legs and feet. Diagnoses include unspecified internal derangement of the knee; pain in joint, lower leg; chondromalacia of the patella and tear of the medial cartilage or meniscus of the knee. Previous treatments were listed as medications, carpal tunnel surgery and right knee surgery. The treating provider requests 3 post operative medications: Norco 5/325 tablets, 1 tablet every 4-8 hours for breakthrough pain, quantity #60, refill unspecified; Tramadol 50mg 1 tablet every 4-6 hours for pain, #60, refill unspecified; and Keflex 500mg 1 tablet 4 times daily for 5 days for infection, #20, refill unspecified, as an outpatient. The Utilization Review on 01/30/2015 non-certified the request for 3 post operative medications: Norco 5/325 tablets, 1 tablet every 4-8 hours for breakthrough pain, quantity #60, refill unspecified; Tramadol 50mg 1 tablet every 4-6 hours for pain, #60, refill unspecified; and Keflex 500mg 1 tablet 4 times daily for 5 days for infection, #20 refill unspecified, as an outpatient. References cited were CA MTUS and ACOEM Practice Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: The request is for Norco post operative pain relief. Guidelines state that it is reasonable to use a short course or opiates. In this case, the patient is recently post op for carpal tunnel and knee surgery. Thus, the request for Norco 5/325 mg #60 is medically appropriate and necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: Guidelines state that opioids should be used for short term relief of pain post operatively and measures of the benefit should include effect of pain relief and improvement in function and increased activity. In this case, it is reasonable to use a short course of opioids. However, there is another request for Norco in addition to this request for Tramodol. Thus, the request for Tramodol 50 mg #60 is not medically necessary and appropriate.

Keflex 500mg #20: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post arthroscopy Surgical Site Infections: REview of the Literature; Hilary M. Babcock.

Decision rationale: Guidelines do not always recommend posteroperative antibiotic prophylaxis beyond wound closure. However, research has shown post operative arthroscopic infection rates at .01% to .48%. Although the infection rate is low, it is not zero. Thus, the request for keflex 500 mg #20 is necessary and appropriate.