

<b>Case Number:</b>	CM15-0046745		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Sports 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:

The injured worker is a 48-year-old male who reported an injury on 05/17/2012. The mechanism of injury was noted as being struck by a descending bucket off a backhoe. His diagnosed were noted as right knee posterior cruciate ligament tear, post reconstruction with continued instability, low back pain with degenerative disc disease and spondylosis, neck pain, and thoracic pain. His past treatments were noted to include surgery, medication, physical therapy, and activity modification. His surgical history was noted to include right knee arthroscopic surgery performed on 10/03/2012, with removal of a buckhandle meniscus tear. During the assessment on 01/29/2015, the injured worker complained of right knee and back pain. The physical examination revealed mild thoracic paraspinal tenderness on the right of mid line at about T6-8 level. The low back was slightly tender about the lumbosacral junction, with restricted range of motion. The physical examination of the right knee revealed tenderness at the anterolateral bursa. The active range of motion of the right knee revealed 0 to 125 degrees. The treatment plan was to request authorization for diagnostic arthroscopy of the knee. The rationale for the request was to evaluate articular cartilage surfaces, and to evaluate both his anterior cruciate ligament and posterior cruciate ligament reconstructions. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Zolpidem 8mg, #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, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien; ½).

**Decision rationale:** The prescription for zolpidem 8 mg #10 is not medically necessary. The Official Disability Guidelines state that zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is recommended for short term (7 to 10 days) treatment of insomnia. However, the clinical documentation did not indicate that the patient suffered from insomnia. As such, the request is not medically necessary.

**One pre-operation appointment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Medicare Physicians Fee Schedule (MPFS); Chapter 12- Surgeons and Global Surgery; 40.1 - Definition of a Global Surgical Package).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Office Visits.

**Decision rationale:** The request for 1 pre-operation appointment is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. However, the rationale for the requested pre-operation appointment was not provided. As such, the request is not medically necessary.

**Prescription of Ultracet (Tramadol HCL/Acetaminophen 37.5/325mg) #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Postoperative knee pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

**Decision rationale:** The request for a prescription of Ultracet (tramadol HCL/acetaminophen 3.75/325 mg) #60 with 1 refill is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief,

functional status, side effects, and appropriate medication use with the use of random drug screening is needed to verify compliance. The clinical documentation did not provide quantified information regarding pain relief. There was a lack of documentation regarding adverse effects, and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. As such, the request is not medically necessary.

**Prescription of Zofran 3mg, #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 Antiemetics.

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

**Decision rationale:** The request for a prescription of Zofran 3 mg #10 is not medically necessary. The Official Disability Guidelines state that antiemetics for opioid nausea is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. However, the clinical documentation did not indicate that the patient suffered from nausea and vomiting secondary to opioid use. Additionally, the frequency was not provided. As such, the request is not medically necessary.

**Four (4) post operative appointments with global period with fluoroscopy: Upheld**

**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 Official Disability Guidelines (ODG) Knee & Leg, Office Visits.

**Decision rationale:** The request for 4 postoperative appointments with global period with fluoroscopy is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. However, the rationale for the requested postoperative appointments was not provided. There was no indication that the surgery had been performed, and the injured worker was needing postoperative visits. As such, the request for the perspective postoperative appointments is not medically necessary.

**Prescription of Colace 100mg, #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids induced constipation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

**Decision rationale:** The request for prescription of Colace 100mg, #20 is not medically necessary. The Official Disability Guidelines state opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. However, there was no indication the injured worker suffered from opioid-induced constipation. The rationale for the request and frequency was not provided. As such, the request is not medically necessary.

**One 2-week Game ready unit rental:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Game Ready<sup>®</sup> 1/2 accelerated recovery system.

**Decision rationale:** The request for One 2-week Game ready unit rental is not medically necessary. The Official Disability Guidelines state the unit is recommended as an option after surgery, but not for nonsurgical treatment. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. There was no indication that the surgery had been performed, and the injured worker was needing a recovery unit. As such, the request is not medically necessary.