

Case Number:	CM15-0088093		
Date Assigned:	05/12/2015	Date of Injury:	09/20/2006
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/07/2015

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: Physical Medicine & Rehabilitation

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 59 year old female sustained an industrial injury to the right knee on 9/20/06. Previous treatment included right knee arthroscopy, physical therapy, injections and medications. In a PR-2 dated 3/17/15, the injured worker complained of ongoing right knee pain. The injured worker had increased her medication to three times a day due to a bad gait. The injured worker reported that she was now having left ankle and lumbar spine pain. Right knee magnetic resonance imaging (2/17/15) showed medial meniscus and lateral meniscus tears with three compartment degenerative osteoarthritis and chondromalacia. Current diagnoses included right knee medial and lateral meniscus tear with chondromalacia, osteoarthritis, Baker's cyst and joint effusion. The treatment plan included right knee arthroscopy with repair and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Keflex 500mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Antibiotic prophylaxis prior to surgery is recommended for chronic knee pain (moderate evidence (B)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prophylaxis (antibiotic & anticoagulant) page 260.

Decision rationale: It appears the request of Keflex 500 mg #20 is for a one-time chemoprophylaxis course treatment in the post-operative period for planned knee arthroscopy as routine precaution to avoid postoperative infection; however, there are no documented comorbidities identified to deem the patient immune-compromised for routine precaution with use of antibiotics beyond standard recommendation for prophylaxis beyond 48 hours. A short course of antibiotic to prevent an infection was modified by UR; however, submitted reports have not demonstrated indication to support for extended duration requested beyond guidelines and standard treatment criteria. Per ODG, for patients undergoing elective arthroplasty, use, timing of administration, and duration of antibiotics after surgery do not affect the incidence of surgical site infection. The patient has planned knee arthroscopy without noted infectious complications. The 3 Keflex 500mg #20 is not medically necessary and appropriate.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The request for Norco, another short-acting opiate was approved by UR for peri and postoperative analgesic treatment. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated necessity for use of two short-acting opioids for perioperative pain. The Tramadol 50mg #60 is not medically necessary and appropriate.