

<b>Case Number:</b>	CM15-0010202		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/08/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Pain Management

### 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 67 year old male, who sustained an industrial injury on 07/08/2007. The diagnoses have included grade I spondylolisthesis at L4 on L5, multiple herniated nucleus pulposus's of the lumbar and cervical spine, facet arthropathy of the lumbar spine, lumbar radiculopathy, bilateral carpal tunnel syndrome, and possible cervical radiculopathy. Treatments to date have included epidural steroid injection, home exercise program, and medications. No diagnostic studies noted in received medical records. In a progress note dated 10/03/2014, the injured worker presented with complaints of neck, upper extremity, and low back with bilateral leg pain. The treating physician reported encouraging the injured worker to continue with some form of home exercise program. Utilization Review determination on 01/15/2015 non-certified the request for Postoperative Norco 5/325mg #120 Refills: 2, Postoperative Keflex 500mg #12, and Postoperative Ambien 10mg #30 citing Medical Treatment Utilization Schedule and Official Disability Guidelines. It noted that the patient had a scheduled knee arthroscopy with a diagnosis of meniscal tear. The report from the requesting physician was not included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Norco 5/325mg #120 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids- On-going management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** Regarding the request for Norco, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, the patient is said to have a pending knee arthroscopy for a meniscal tear. While a short course of Norco would be appropriate for postoperative pain, the current request for #120 with 2 refills is not consistent with a short course of medication. Long-term use of opioids ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and a prescription for #360 is not conducive to such review. In light of the above issues, the currently requested Norco is not medically necessary.

**Post-op Keflex 500mg #12:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=39533>

**Decision rationale:** Regarding the request for Keflex, CA MTUS and ODG do not address the issue. The National Guideline Clearinghouse notes that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Within the documentation available for review, there is no clear rationale presented for the use of prophylactic antibiotics despite the recommendations of the guidelines. In the absence of such documentation, the currently requested Keflex is not medically necessary.

**Post-op Ambien 10mg #30:** 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 - Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Insomnia treatment

**Decision rationale:** Regarding the request for Ambien, California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and

no statement indicating how the patient has responded to any prior treatment. In the absence of such documentation, the currently requested Ambien is not medically necessary.