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| <b>Case Number:</b>   | CM15-0015133 |                              |            |
| <b>Date Assigned:</b> | 02/03/2015   | <b>Date of Injury:</b>       | 11/13/2013 |
| <b>Decision Date:</b> | 03/23/2015   | <b>UR Denial Date:</b>       | 12/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/27/2015 |

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 32 year old male who sustained an industrial injury on 11/13/13 when he fell off a ladder approximately 4-6 feet while employed as a roofer. The injured worker was diagnosed with left knee internal derangement and chronic pain. He underwent a left knee medial meniscus repair and anterior cruciate ligament (ACL) allograft reconstruction on 4/7/14, followed by physical therapy, hinged knee brace, and crutches. The 10/6/14 left knee magnetic resonance imaging (MRI) impression documented laxity of the ACL graft repair fibers with fraying of the anterior fibers and approximately 10-11 mm anterior tibial translation with respect to the lateral femoral condyle, which can represent stretching of the graft fibers. The graft fibers are in contiguity, bridging the femoral and tibial tunnels. The posterior cruciate, and medial and collateral ligaments were intact. There was a flap tear of the lateral meniscus with meniscal tissue posterior to the anterior horn, likely arising from the body. Records indicated that left knee partial lateral meniscectomy, meniscal repair, and lysis of adhesions was requested and certified in utilization review on 11/7/14 with extension requested through 1/30/15 by the surgeon. The 12/12/14 pain management report cited left knee pain. Sleep was interrupted by pain. He had been using Lunesta but it was giving him nightmares and he requested a change in sleeping medication. He did not receive any medication last month and had increased severe pain without relief. Left knee exam documented crepitus with active movement, medial and lateral joint line tenderness, mild effusion, positive patellar grind, and positive McMurray's test. Lumbar paravertebral muscle tenderness was documented. The diagnosis was left knee pain, degenerative joint disease, and internal derangement, lumbago, and sleep disturbance, depression and anxiety

relative to pain. Revision surgery was requested by the orthopedic surgeon. The treatment plan recommended discontinuation of Lunesta due to nightmares. A trial of Ambien was reported not helpful. Prescriptions were documented for Ambien 10 mg #30, Ultram 60 mg #90, and ibuprofen 600 mg #60. On December 30, 2014 the Utilization Review denied certification for Ambien 10mg #30 and unknown revision surgery. The request for ACL revision surgery was non-certified due to an elevated body mass index. On December 30, 2014 the Utilization Review modified the certification for Ultram 50mg #90 to Ultram 50mg #67. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, the Official Disability Guidelines (ODG) and other alternative based guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**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, Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Zolpidem (Ambien)<sup>1/2</sup>

**Decision rationale:** The California MTUS does not make recommendations relative to Ambien (zolpidem) or insomnia treatment. The Official Disability Guidelines recommend Ambien for the short term (usually two to six weeks) treatment of insomnia. Benzodiazepine sedative hypnotics (Benzodiazepine-receptor agonists), such as Ambien, are recommended as first-line medications for the treatment of insomnia with difficulty of sleep onset. Records indicate that a trial of Ambien was not helpful for this patient. There is no compelling rationale to support the medical necessity of this prescription in the absence of benefit. Therefore, this request is not medically necessary.

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

**Decision rationale:** The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline

criteria have not been met. There is no current evidence of specific pain reduction benefit or functional improvement with the use of this medication. The 12/30/14 utilization review modified the request for Ultram 50 mg #90 to Ultram 50 mg #67 as there was no evidence of functional improvement, and to allow for weaning and discontinuation. There is no compelling reason to support the medical necessity of additional medication beyond the current certified amount, in the absence of documented functional improvement. Therefore, this request is not medically necessary.

**Unknown revision surgery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. This patient presents with clinical exam and imaging evidence consistent with meniscal pathology. A surgical request has been submitted and approved for left knee revision surgery to include meniscectomy and lysis of adhesions. The request under consideration was submitted by the pain management physician. The medical necessity of additional certification for revision surgery is not established. Therefore, this request is not medically necessary.