

<b>Case Number:</b>	CM15-0170686		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, Oregon, Washington  
 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 65 year old female, who sustained an industrial injury on 12-07-2005. She has reported subsequent neck pain radiating to the upper extremities, low back pain radiating to the lower extremities, bilateral shoulder and knee pain and was diagnosed with degenerative disc disease of the lumbar and cervical spine, right knee medial meniscal tear and bilateral degenerative joint disease of the knees. X-ray of the right knee on 07-30-2014 showed moderate right knee medial compartment degenerative joint disease and spurring at the patellar insertion of the quadriceps tendon and x-ray of the left knee showed severe medial compartment degenerative joint disease with knee spurring at the patellar insertion of the quad tendon and tibial insertion of the patellar tendon. Work status was documented as temporarily totally disabled. Treatment to date has included medication, physical therapy, chiropractic therapy, acupuncture, knee supports, transcutaneous electrical nerve stimulator (TENS) unit, steroid injections and a cervical traction device. A 06-22-2015 progress note indicated that the injured worker was reporting increased pain in the right knee. The physician noted that the injured worker had been approved for right knee arthroscopy surgery but did not proceed with it due to fear of surgery. The injured worker was reporting 10/10 bilateral knee pain, right much greater than left. The injured worker noted that right knee brace as being utilized but that she could not wear it longer than 4 hours due to loss of circulation and that some physical therapy appointments had been missed due to transportation issues. 6 chiropractic therapy sessions were noted to have provided some benefit. Objective examination findings of the right knee showed flexion of 115 degrees with active range of motion, 125 degrees with passive range of motion

and 0 degrees of extension with active and passive range of motion, tenderness over the medial greater than lateral joint line, no instability with manipulation or weight bearing and normal strength and sensation. The physician noted that due to failure of non-operative therapies, a right knee arthroscopy with medial meniscectomy was recommended and was already noted to have been approved. The physician noted that ice therapy would be requested for post-operative pain and swelling, Keflex would be requested for an unspecified indication and Ambien would be requested as needed for sleep. A request for authorization of post-operative Keflex 500 mg #12, post-operative Ambien 10 mg #30 and associated surgical service: ice therapy-cold compression therapy for three weeks was submitted.

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

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

#### **Post operative Keflex 500mg #12: 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 American Family Physician Journal, 2002 July 1; 66 (1): 119-125, "Common Bacterial Skin Infections".

**Decision rationale:** CA MTUS/ACOEM and ODG are silent on the issue of Keflex and alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections," Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

#### **Post-operative 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), Treatment in Workers Compensation (TWC), 20th Edition, and 2015 Updates: Pain Chapter, Zolpidem (Ambien).

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists

rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records from 6/22/15 of insomnia to warrant Ambien. Therefore the determination is for not medically necessary and appropriate.

**Ice therapy cold compression therapy for 3 weeks: 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), Treatment in Workers Compensation (TWC),, 20th Edition, 2015 Updates: Knee Chapter, 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 and Leg Chapter regarding continuous flow cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request of 3 weeks exceeds this 7 day recommendation. Therefore the determination is for not medically necessary.