MAXIMUS Federal Services

Case Number:	CM15-0047274		
Date Assigned:	03/19/2015	Date of Injury:	07/04/2014
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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, Washington
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 58-year-old female who reported an injury on 07/04/2014. The mechanism of injury was the injured worker was walking when she struck the trash basket with her right knee by her register. The injured worker lost her balance and fell forward, hitting her right knee. The injured worker was treated with x-rays and a brace, and started on physical therapy. The injured worker underwent an MRI in 11/2014. The injured worker's MRI revealed a right knee oblique tear of the medial meniscus extending into the inferior articular surface, and chondromalacia patella. The documentation of 02/16/2015, revealed a Request for Authorization for surgery. The documentation of 02/02/2015, revealed constant right knee, with associated limping. There was clicking and popping with activities that caused increased pain. The injured worker indicated the knee felt unstable and gave way. There was increased pain in ascending and descending stairs. The medications were stated to be none. The surgical history was stated to be none. The physical examination revealed excruciating pain on attempts for forced flexion. The injured worker had a positive Apley's and McMurray's tests. The Q angle was 10 degrees in both knees. There was no crepitus in the patella. The injured worker had tenderness in the right medial fat pad, joint line, and lateral fat pad, joint line, and patellofemoral groove. Diagnoses included right knee Clinically present meniscus tear and traumatic synovitis. The injured worker was noted to be treated with 14 sessions of physical therapy, bracing, at home exercises, and oral medications, with no improvement. The injured worker was symptomatic, and the documentation indicated the injured worker's MRI was not available for the examiner, and without it, appropriate treatment could not be recommended. A hinged knee brace was requested to minimize the risk of falling and to support the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolfran 8mg SL #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, Antiemtics (for opioid nausea).

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

Decision rationale: The Official Disability Guidelines indicate that antiemetics are appropriate for postoperative use. The clinical documentation submitted for review revealed a request for surgical intervention for the knee. This request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zofran 8 mg sublingual, #10, is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The criteria would not need to be met as this medication would be appropriate for postoperative use, due to pain. The request as submitted failed to provide the frequency for the requested medication. Given the above, the request for Norco 10/325 mg, #60, is not medically necessary.

Narcosoft 2 caps prn #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000099/.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend prophylactic treatment for constipation prior to initiation of opioid therapy. This request would be supported, if the request for Norco was found to be medically necessary. Given the above, the request for Narcosoft 2 caps as needed, #60, is not medically necessary.

Duricef 500mg #30: 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) Infectious Disease, Cefadroxil (Duricef®).

Decision rationale: The Official Disability Guidelines indicate that Duricef is recommended as a first line treatment for skin and soft tissue infections. The clinical documentation submitted for review indicated the injured worker was to undergo surgical intervention and, as such, would be exposed to intraoperative bacteria. This request would be supported for a limited time. However, the request as submitted failed to indicate the frequency for the requested medication. 30 tablets would be excessive. Given the above, the request for Duricef 500 mg, #30, is not medically necessary.