

Case Number:	CM14-0173468		
Date Assigned:	10/24/2014	Date of Injury:	09/08/2013
Decision Date:	11/25/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old female who was injured on 9/8/13 involving both her knees. She was diagnosed with meniscus tear of the knee and knee sprain/strain. She was treated with NSAIDs, bracing, corticosteroid injection, physical therapy, and surgery (right knee arthroscopy, partial medial meniscectomy, excision of hypertrophic fat pad, chondroplasty) on 8/22/14. Four days following her surgery (on 8/26/14), she was seen by her surgeon who documented that he had recommended postoperative Keflex and Norco "as needed" (no specific dose or frequency for either).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post Op Medication: Norco 5/325mg: 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 Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids "there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should

be no likelihood of abuse or adverse outcome." Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an "attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids." Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. Standard of care is to allow an optional short course of an opioid medication following a surgical procedure for acute pain expected to resolve within days. In the case of this worker, the intention was to use Norco for post-surgical pain following his right knee arthroscopy/meniscectomy, which would be appropriate depending on the number of pills provided. However, there was no suggested frequency (besides "as needed") and no number of pills included in the request. Therefore, the Norco is not medically necessary.

Associated Surgical Service: Post Op Medication: Keflex 500mg: 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 Bert JM, Antibiotic prophylaxis for arthroscopy of the knee: is it necessary?, Arthroscopy, 2007 Jan;23(1):4-6 (<http://www.ncbi.nlm.nih.gov/pubmed/17210420>)

Decision rationale: The MTUS Guidelines do not specifically address antibiotic prophylaxis for knee arthroscopy. Although research is limited in this area, a retrospective review, which involved over 3000 participants, revealed that there was no significant reduction in the infection rate with antibiotic prophylaxis compared to without. Although it is common for surgeons to provide prophylaxis antibiotics such as in this case with this worker (Keflex), there is not sufficient evidence to suggest this is beneficial or medically necessary. Also, in this case, there was no frequency or number of pills included in the request. Therefore, the Keflex is not medically necessary.