

<b>Case Number:</b>	CM13-0006255		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 53 year old male with date of injury 7/16/10. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic left knee pain since the date of injury. He had a left knee arthroscopy and meniscectomy in 11/2012. He has also been treated with physical therapy and medications. MRI of the left knee performed in 03/2011 revealed moderate degenerative joint disease and medial meniscal tear. Objective: decreased range of motion left knee, tenderness to palpation of medial joint line. Diagnoses: left knee pain, degenerative joint disease left knee. Treatment plan and request: Vicodin, MRI left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODEN 5 MG # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 53 year old male has complained of chronic left knee pain since date of injury 7/16/2010. He has been treated with surgery, physical therapy and medications to include

Vicodin since at least 10/2012. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Vicodin is not indicated as medically necessary.

**MRI OF THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 349-352.

**Decision rationale:** This 53 year old male has complained of chronic left knee pain since date of injury 7/16/2010. He has been treated with surgery, physical therapy and medications. The available medical records show a request for MRI of the left knee without any documented worsening or new patient symptomatology, physical exam or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or new physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, MRI of the left knee is not indicated as medically necessary.