

Case Number:	CM13-0014972		
Date Assigned:	11/06/2013	Date of Injury:	01/05/2009
Decision Date:	02/04/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 41-year-old male who reported an injury on 01/05/2009. The mechanism of injury was not provided. The patient was noted to have pain in the left knee, a 6/10. The patient indicated that movement eased the pain. The patient indicated additionally that the knee hurts mostly in the morning. The physical examination revealed the patient had tenderness to palpation over the greater trochanteric FAROM with endpoint pain on external rotation. The patient was noted to have tenderness to palpation over the patellar tendon. The diagnoses were noted to include osteoarthritis, localized, not specified whether primary, and postsurgical arthrodesis status. The request was made for a Vicodin refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5 mg -500 mg three times a day for 1 month (90 tablets): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation

of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to indicate the patient had documentation of the 4 A's. Additionally, it failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations and it failed to support the necessity for 90 tablets. Given the above, the request for Vicodin 5/500 mg 3 times a day for 1 month 90 tablets is not medically necessary.