

Case Number:	CM13-0021085		
Date Assigned:	10/11/2013	Date of Injury:	01/06/2012
Decision Date:	01/17/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/06/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California and 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 49 year old male with a date of injury on 1/6/12. He injured his left knee at that time. Subsequently, on 5/16/12 he underwent arthroscopy of the involved knee with a partial medial menisectomy, extensive chondroplasty, synovectomy, excision of a synovial plica, and lateral release. He has continued to complain of left knee pain since that time. He has been treated with activity modification, physical therapy, non-steroidal anti-inflammatory drugs, cortisone injections, and Synvisc injections with inadequate relief of his symptoms. He had an MRI of the left knee on 3/14/13 that showed evidence of earlier partial medial menisectomy and a prior lateral release. There was superficial patellar surface fissuring and normal patellofemoral alignment. At issue is whether 30 Narcotic Vicodin tablets are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic vicodin #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines.gov offered by the Agency for Health Care Policy and Research.

Decision rationale: The California Medical Treatment Utilization Schedule is mute about acute post-operative pain management. However, according to Guidelines.gov, opioids are the first-line treatment for severe acute post-operative pain. The key principle for their safe and effective use is to titrate the dose against pain relief and to minimize unwanted effects. Therefore, post operative narcotic vicodin #30 is medically necessary and appropriate.