MAXIMUS Federal Services

Case Number:	CM13-0024305		
Date Assigned:	12/11/2013	Date of Injury:	12/26/2011
Decision Date:	01/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 30 year old female, with a date of injury on 12/26/11. The progress report, dated 8/21/13 by [redacted], noted that the patient continued with right knee pain. The patient reported benefit from taking Vicodin 5/500 5-6 a day. It was noted that the patient had nausea and dizziness in the past with Percocet. Exam findings included antalgic gait on the right, positive patellar grind on the right and pain to the generalized right anterior knee. The patient's diagnoses include: right knee pain; patellofemoral syndrome; right meniscal injury/lateral cruciate injury, no longer demonstrated on MR arthrogram but per history; gait dysfunction. Recent magnetic resonance (MR) arthrogram of the right knee showed no indication for pathology. The patient was advised on a home exercise program for the right knee. A recommendation was made for the patient to have a myoscience procedure for the right knee, which is a cryoablation of the infrapatellar branch of the saphenous nerve. The patient was also prescribed Vicodin 5/500 #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 6/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medication: Vicodin Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for Use of Opioids Page(s): 88-89.

Decision rationale: The progress report, dated 8/21/13, noted that the employee continued with right knee pain. The employee reported benefit from taking Vicodin 5/500 5-6 a day. It was noted that the employee had nausea and dizziness in the past with Percocet. I reviewed 6 months of records, dated between 5/23/13 and 11/15/13, which did not include any specific functioning measures with numerical scale or validated instrument. MTUS guidelines require functional documentation at least once every 6 months that document a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Specific functioning measures with numerical scale or validated instrument are required. The treating physician does not provide any before and after pain or functional scales. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain this type of information or measurements. Therefore recommendation is for denial.