

Case Number:	CM13-0027333		
Date Assigned:	03/19/2014	Date of Injury:	09/13/2011
Decision Date:	05/29/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 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 delivery helper of a company that delivers and assembles appliances. The patient submitted a claim for hip pain and knee pain associated with an industrial injury sustained on September 13, 2011. Treatment to date has included physical therapy, a home plan exercise, knee braces, corticosteroid injection, Synvisc injection, and pain medications. Medical records from 2011-2013 revealed that the patient was having pain on the left hip and left knee, which increased when walking and driving. The pain was accompanied by tenderness that worsens at the end of the day. It was initially treated as case of arthritis for which physical therapy, home plan exercises, knee braces, and the use of NSAIDs were initiated. Although there was improvement in mobility, pain was not relieved. In September 2012, an MRI was performed and the patient was diagnosed with a stress fracture of the femoral neck, lumbar radiculopathy, sprain or strain of hip and thigh and knee joint pain. She underwent emergency hip reduction with percutaneous internal fixation of the left hip fracture using cannulated screws on September 21, 2012. Postoperatively, the patient was started on Norco, 1/2 a tablet as needed for pain. During a series of follow-ups after operation, the patient complained of intermittent dull left hip pain at 6/10, and constant sharp left knee pain at 9/10 which was aggravated by standing, prolonged sitting, turning, twisting, and rotation to the left side. On July 17, 2013, the patient was given a corticosteroid injection to the left knee and left hip which made no difference with regards to pain at the left hip; however, there was some relief to the left knee. Currently, the patient has 5/10 pain for the left hip and 3/10 pain for left knee with no quantitative functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN (HYDROCODONE/ACETAMINOPHEN) 5/300MG #60 WITH 1 REFILL:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, opioid use should be discontinued if there is no overall improvement in function. The patient has been using Vicodin since September 2012. Despite long term use of this opioid, the patient continues to experience pain in the left knee and left hip with no quantitative functional improvement. Therefore the use of this opioid should be discontinued, and, as such, the request is not medically necessary.