

Case Number:	CM13-0037907		
Date Assigned:	12/18/2013	Date of Injury:	08/19/2003
Decision Date:	02/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiologist 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 51-year-old male who reported a work-related injury on 08/19/2003; specific mechanism of injury was not stated. The clinical note dated 09/16/2013 reports the patient presents for treatment of internal derangement of the right knee. The provider documents the patient reports persistent knee pain and popping and clicking. The provider documents the patient's knee extension was 170 degrees; flexion 90 degrees with crepitation with range of motion. The provider requested authorization to render the patient's prescriptions for Vicodin 500 mg for moderate to severe pain, naproxen sodium 550 mg for anti-inflammation, topical analgesics, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Vicodin 5/500mg #60 with 2 refills between 9/16/2013 and 12/22/2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical notes document the patient presents status post a work-related injury sustained over 10 years. The clinical documentation submitted for review reports the patient has utilized his current medication regimen chronic in nature. However, documentation of improved functional abilities, as well as decrease in rate of pain with the patient's current medication regimen was not evidenced on the most recent clinical documentation submitted for review. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." However, given all of the above, the request for one prescription of Vicodin 5/500mg #60 with 2 refills between 9/16/2013 and 12/22/2013 is not medically necessary or appropriate.

One prescription of Naproxen sodium 500mg #180 between 9/16/2013 and 11/22/2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

Decision rationale: The current request is not supported. The clinical notes document the patient presents status post a work-related injury sustained over 10 years. The clinical documentation submitted for review reports the patient has utilized his current medication regimen chronic in nature. However, documentation of improved functional abilities, as well as decrease in rate of pain with the patient's current medication regimen was not evidenced on the most recent clinical documentation submitted for review. California MTUS classifies naproxen in the anti-inflammatory drug class utilized for pain and inflammation. However, given all of the above, the request for one prescription of Naproxen sodium 500mg #180 between 9/16/2013 and 11/22/2013 is not medically necessary or appropriate.