

<b>Case Number:</b>	CM13-0040075		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/16/2005
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 66-year-old male who reported an injury on November 16, 2005. The mechanism of injury was a fall. The initial treatment was not included in the medical records submitted for review; however, it is noted that the patient received a left knee surgery with 4 weeks of physical therapy and medication in 2005. Apparently, the surgery was to repair a torn meniscus. In 2006, the patient sustained another injury to his left knee and was told that he again had a torn meniscus, and underwent another meniscal repair. In 2007, he saw an orthopedist who told him he needed a total knee arthroplasty that was performed on May 24, 2012. The patient's current medications include metformin 500 mg, Actos 15 mg, simvastatin 40 mg, Benicar 20 mg, and aspirin 81 mg; all frequencies not provided. The most recent clinical note dated August 13, 2013 reported the patient had flexion in the left knee of 120 degrees, crepitus, moderate effusion at the joint line, and motor strength of 4/5. The patient reports severe interference with physical activity, moderate interference with personal care and activities of daily living, and no interference with his communication and sensory function. The patient is currently noted to use infrared therapy, cold packs, E-stim, stretching and strengthening exercises, and a home wellness program. The patient is currently diagnosed with low back syndrome, left medial meniscal tear, and status post left knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 500mg #60:**

**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): 74 - 95.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of opioids in the treatment of chronic pain. Efficacy of the opioid in relation to the patient's pain should be measured at each clinical visit and should include assessments of the patient's current pain level; the least reported pain since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for the onset of pain relief; and how long the pain relief lasts. Medical compliance should also be monitored by using frequent urine drug screens. According to the clinical notes submitted for review, the patient was first prescribed Vicodin on March 26, 2013. In the followup clinical note dated April 23, 2013, the patient states that with the pain medication his pain level is 5/10 and without it is 8/10. However, since this appeared to be a newly prescribed medication, it would be appropriate for the physician to assess medication efficacy by asking the patient to report his average pain levels, intensity of pain after taking the opioid, how long the pain relief lasts, and how long it takes for the onset of pain relief. These items were not in the most recent clinical note. There was also no discussion of side effects and changes in functional ability. As such, Chronic Pain Medical Treatment Guidelines recommendations have not been met. The request for Vicodin 500 mg, sixty count, is not medically necessary or appropriate.

#### **UNKNOWN PRESCRIPTION OF UNKNOWN TOPICAL CREAMS:**

**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): 111 - 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of topical analgesics to treat neuropathic and osteoarthritic pain. The current request does not give any specifics as to what cream is being requested and therefore the ingredients cannot be assessed. As such, Guideline compliance cannot be determined. The request for an unknown prescription of unknown topical creams is not medically necessary or appropriate.