MAXIMUS Federal Services

Case Number:	CM13-0044313		
Date Assigned:	02/26/2014	Date of Injury:	03/22/2013
Decision Date:	10/10/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	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 Internal Medicine 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 injured worker is a 38 year old male with a reported date of industrial injury of 3/22/2013. Initially seen by a physician after injury and diagnosed with sprain of the knee, hip and ankle on the right side with suspicion of meniscal pathology of the right knee. MRI done on 4/16/2013 ruled out meniscal or other pathology of the knee, displaying only mild quadriceps tendinopathy. MRI of the right ankle the same day demonstrated mild chronic plantar fascial thickening, mild chronic Achille's tendinopathy, tibialis posterior tenosynovitis and chronic partial tear of the talo-fibular ligament. MRI of the hip done at that time revealed mild gluteus medius and minimus tendinopathy without other concerning findings. He has had treatment with tramadol, Flexeril and physical therapy along with activity modification and work restrictions. He was last seen on 6/6/2014 and was noted to have pain in the right knee, ankle and hip. Pain was worse in the morning, improved with medications and impaired his life. On examination, the spine, knee, ankle and hip range of motion were normal or near normal. Special examination tests were negative for joint pathology. Muscle strength in all muscle groups was normal or near normal. Sensory and reflex function was normal in the right lower extremity. The patient was encouraged to continue home exercise, continue medications and follow up as needed. Of note, the patient was at maximal medical improvement as of December 2013 and whole person impairment of 16% was determined. The medications that the patient was taking are not provided in the notes of the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for pharmacy Vicodin 5/500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-88.

Decision rationale: The patient has chronic pain long after resolution of the inciting injury and long after any tissue damage, resulting therefrom should have resolved. As such, there is a component of chronic pain syndrome. The first line medications for chronic pain syndrome include anti-depressants and anti-epileptics, particularly the former when co-existing insomnia and depression or anxiety are present, as in this case. The long term use of opiates is appropriate when it brings functional benefit to the patient and nothing else works as well. This has not been documented by the physician. For instance, there is no documentation that the patient has failed treatment with NSAID or acetaminophen. Additionally, when using chronic opiates, risk assessment for aberrancy must be performed. Ongoing assessment of adverse effects, activities of daily living and analgesia are required, constituting the 4 As. Further, a pain contract and random occasional urine drug screens are helpful in assessing and enforcing compliance with appropriate therapy. None of these measures are noted to be followed in the clinical notes available. Therefore, the request for opiate is neither clinically appropriate nor is the opiate therapy heretofore been conducted in an appropriate manner. As such, the request for pharmacy Vicodin 5/500mg #30 is not medically necessary and appropriate.