

Case Number:	CM13-0045055		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2010
Decision Date:	04/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Georgia. 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 claimant is a 61-year-old female presenting with left leg pain following a work-related injury on June 25, 2010. The claimant complains of left knee pain and limited movement. X-ray of the left knee on June 25, 2010 was significant for degenerative joint disease with moderate severe narrowing of the medial joint space and diffuse mild degenerative changes, status post Open Reduction Internal Fixation with plate and screws. MRI of the left knee on August 6, 2010 was significant for status post ACL reconstruction with evidence of chronic complete tear, severe medial compartment osteoarthritis with associated macerated tear of the body and posterior horn of the medial meniscus and small joint effusion. Examination of the knee revealed swelling, healing abrasion in the middle third anterior lateral about the left leg, some rubor, a well-healed surgical incision at about the knee compatible with anterior cruciate repair, slight effusion of the left knee, restricted range of motion of the knee, resistance to pivot shift testing, pain with medial and lateral stability testing, resisted Lachman's test, slight tenderness to percussion of the lumbar spine and some limitation of lumbar spine motion with increased pain during extension. The claimant was diagnosed with status post total left knee arthroplasty, degenerative spondylosis, lumbar spine aggravated by work related injury and limp altered gait. The medical records indicate that the claimant is permanent and stationary since May 31, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICOPROFEN 7.5/200, ONE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, NASIDS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 6/7/2013).

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

Decision rationale: Vicoprofen 7.5/200mg is not medically necessary. Page 79 of MTUS Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Vicoprofen 7.5mg/200mg is not medically necessary.