

<b>Case Number:</b>	CM13-0045791		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/23/2004
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 23, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; apparent diagnosis with knee arthritis; knee corticosteroid injection; long- and short-acting opioid; and reported return to regular duty work. In a utilization review report of October 21, 2013, the claims administrator denied a request for Vicodin, citing a lack of supporting documentation. Nexium and Motrin were also denied on the same grounds. The applicant's attorney subsequently appealed, on November 11, 2013. A later note of December 3, 2013 is notable for comments that the applicant reports persistent knee pain with associated tenderness and crepitation about the medial joint line. The applicant is given a knee corticosteroid injection and a refill of Vicodin. An applicant's questionnaire of October 22, 2013 is notable for comments that the applicant is having reportedly severe knee pain. Rest decreases the applicant's pain. The applicant is working regular duty, he acknowledges. He is taking medications, he states. The applicant is working as a housekeeper. He is working regular duty. He reports 9/10 knee pain with prolonged walking and kneeling. The applicant is on Vicodin and Nexium. An earlier applicant questionnaire of July 17, 2012 does seemingly suggest that the medications are helping, although this is not clearly enunciated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective medication Vicodin:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, the documentation on file does establish the fact the fact that the applicant has successfully returned to regular work. He is maintaining appropriate levels of function as a housekeeper, it is further noted. Some of the applicant's self reported questionnaires further imply and/or state that the applicant in achieving appropriate analgesia as a result of ongoing Vicodin usage. Therefore, the request is medically necessary and appropriate.

**Retrospective medication Nexium:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Guidelines does acknowledge that proton pump inhibitors such as Nexium can be employed in the treatment of NSAID-induced dyspepsia, documentation on file does not establish the presence of any active issues or symptoms of dyspepsia, either NSAID-induced or standalone. Usage of Nexium is not indicated in this context. Therefore, the request is not medically necessary and appropriate.

**Retrospective medication Ibuprofen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Anti-inflammatory medications Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Guidelines, anti inflammatory medications such as ibuprofen do represent a traditional first-line of treatment for various chronic pain conditions. In this case, the applicant's successful return to regular duty work as a housekeeper does constitute evidence of functional improvement. Continuing ibuprofen in the face of the applicant's temporarily worsened knee arthritis was indicated and appropriate. Therefore, the request is medically necessary and appropriate.