

Case Number:	CM13-0063298		
Date Assigned:	02/21/2014	Date of Injury:	07/10/2013
Decision Date:	06/09/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation 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 patient is a 29 year old male who was injured on 07/06/2013. The mechanism of injury is unknown. Prior treatment history has included 4 sessions of physical therapy which helped. Diagnostics studies reviewed include MRI of left knee dated 02/07/2013 and reveals anterior cruciate ligament is intact without definite abnormality; intrasubstance changed in the body and posterior horn of the median meniscus without associated air. There is mild increase of fluid within the joint space. PR2 dated 02/04/2014 documented the patient to have complaints of left knee pain. Objective findings on exam revealed McMurray and Lachman test are negative. There is tenderness medially in the left knee and there is slight swelling. Diagnosis is chronic left knee pain, rule out ACL and/or lateral meniscal tear. Treatment and plan includes refill of Vicodin 5 mg, continue amitriptyline and continue Voltaren gel. PR2 dated 12/10/2013 indicates the patient to have complaints of left knee pain which flares up with cold weather. The patient has been provided with his Vicodin. Objective findings on exam revealed Lachman test is trace positive with 1 mm of anterior translation and McMurray test is negative for ACL injury. The patient is instructed to continue Vicodin, amitriptyline and Voltaren gel. PR2 dated 11/12/2013 reports the patient to have flare ups with cold weather or when he is on his feet for quite a bit. On exam, McMurray test is negative in the left knee; Lachman test is trace positive at 1 mm and anterior translation. There is laxity of the left knee to varus and valgus stress. There is slight swelling of the left knee. The patient received a refill of his Vicodin and was instructed to continue his Voltaren gel and amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF VICODIN 5/500MG, 1 TABLET BY MOUTH EVERY 6 HOURS:
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 OPIOIDS, CRITERIA FOR USE Page(s): 75-94.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Vicodin which is a short-acting opiod, is effective in controlling chronic pain. Opiods are often used for intermittent or breakthrough pain. Opiods are not recommended as a first line therapy. They are recommended on a trial basis for short-term use after there has been evidence of failure of first line medication options such as acetaminophen or NSAIDS, and when there is evidence of moderate to severe pain and rarely beneficial and mechanical compressive pain. In this case, the medical records documents the patient complains of left knee pain. On the examination, there was tenderness medially of the left knee with negative McMurray and Lachman tests. The patient is diagnosed with chronic left knee pain. The patient had received 4 sessions of physical therapy, last one dated 08/21/2013 and showed improved straight leg raise. The patient was able to do heel raise and some modifications are still required. The patient has been on Vicodin since 11/12/2013. In the absence of documented improvement of pain and function, absence of urine drug screen, and absence of other trials of first line treatment, this medication is not recommended for long term use. Therefore, the request for a prescription of Vicodin 5/500 mg, 1 tablet by mouth every six hours is not medically necessary and appropriate.