

Case Number:	CM13-0069041		
Date Assigned:	01/03/2014	Date of Injury:	08/02/2011
Decision Date:	05/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 an employee of [REDACTED] and has filed a claim for tear of the medial meniscus associated with an industrial injury date of August 2, 2011. A utilization review from December 11, 2013 denied the request for Vicodin due to no documentation of symptomatic or functional improvement with long-term usage. Chondroitin DS was certified. The treatment to date has included left total knee replacement, knee injections, opioid and non-opioid pain medications, and physical therapy. The medical records from 2012 through 2013 were reviewed showing the patient complaining of occasional moderate left knee pain rated at 1-2/10. The right knee also has pain rated at 1/10. There is noted marked of the pain improvement with Neurontin and Vicodin. Physical exam demonstrated a normal gait and decreased range of motion for the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF VICODIN 5-500MG, #60, TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living,

adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Vicodin as far back as December 2012. However, recent progress notes did not indicate functional gains such as increased ability to perform activities of daily living or decreased pain scores due to the use of this medication. Therefore, the request for Vicodin is not medically necessary.

CHONDROITIN DS (UNSPECIFIED AMOUNT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Glucosamine (and Chondroitin Sulfate)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk for patient with moderate arthritis pain especially for knee osteoarthritis. In this case, the patient was prescribed this medication in December 2013. While the patient may be indicated for this medication due to osteoarthritis; however, the request does not specify an amount to be dispensed. Therefore, the request for chondroitin DS is not medically necessary.