MAXIMUS Federal Services

Case Number:	CM14-0103533		
Date Assigned:	07/30/2014	Date of Injury:	12/02/2011
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 Illinois. 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 49 year old female with a reported date of injury on 12/02/2011. The mechanism of injury was a fall. The relevant diagnoses included lumbar radiculitis left femoral nerve, vitamin D deficiency, history of nerve injury above inguinal ligament per EMG/NCV dated 08/10/2012, rule out herniated nucleus pulposus of lumbar spine, status post left knee arthroscopy with severe residuals, lateral patellar subluxation and anterior prepatellar tendon deep subcutaneous edema, and left lower extremity femoral nerve dysfunction. The injured worker had been treated with medications, surgery and physical therapy. Diagnostic imaging studies included an EMG/NCV dated 08/10/2012, an MRI of the pelvis which was performed on 08/28/2012, an MRI of the lumbar spine dated 10/02/2012, laboratory monitoring which was performed on 08/22/82013, an x-ray of the bilateral knees on 01/30/2014, and a left knee MRI dated 02/27/2014. The surgical history included a left knee arthroscopy in 2011. On 11/08/2013, a urine drug screen was ordered and results were not consistent with Hydrocodone use and there was no notation that the injured worker had been out of medications. On 01/03/2014 a urine drug screen was positive for Hydrocodone and its derivatives. On 04/25/2014, the injured worker was seen for pain medicine reevaluation at which time pain was reported as 7/10 with medications and 9/10 without medications. The lower extremity examination reported use of a left knee brace, and a urine drug screen was expectedly positive for Norhydrocodone. On 05/23/2014, the injured worker was seen for pain medicine reevaluation and no changes were noted. The injured worker's medications included Hydrocodone Bit/APAP, vitamin D 2000, Gabapentin, Omeprazole, and Vicodin. The request was for Vicodin 5/300 mg #60. The rationale was that the prescribed medication was beneficial with the intended effect at the prescribed dose. The request for authorization form was submitted for review on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The request for Vicodin 5/300 mg # 60 was not medically necessary. The injured worker has been prescribed Hydrocodone for greater that 6 months without documented functional improvement. The California MTUS Guidelines state that re-assessment should occur after six months of opioid use. The guidelines indicate satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker has pain rated at 7/10 with medications and 9/10 without medications. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The injured worker's pain ratings, functional status and quality of life were basically unchanged in the documentation provided. In addition, no dosing frequency is provided in the request for Vicodin. Therefore, the request for Vicodin 5/300 mg # 60 was not medically necessary.