

Case Number:	CM14-0113052		
Date Assigned:	08/01/2014	Date of Injury:	11/08/2002
Decision Date:	09/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 Nevada. 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 records presented for review indicate that this 52-year-old gentleman was reportedly injured on November 8, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 30, 2014 indicated that there were ongoing complaints of right knee pain and instability. The physical examination of the left knee demonstrated trace effusion and crepitus. There was tenderness at the anterior, medial, and lateral compartments. Examination of the right knee also noted an effusion. Range of motion was from 8 to 80 with pain. New x-rays were taken on this visit; however, the results are not revealed. Previous treatment included hyaluronic acid injections. A request had been made for Vicodin and a hinged knee support brace and they were not found to be medically necessary in the pre-authorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Vicodin is a short-acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Vicodin is not medically necessary.

Hinged Knee support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee Brace, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for the use of a hinged knee brace includes knee instability and ligament insufficiency. The physical examination, dated June 30, 2014, does not note any ligamentous instability. Therefore, this request for a hinged knee brace is not medically necessary.