

Case Number:	CM14-0151119		
Date Assigned:	09/19/2014	Date of Injury:	08/03/2004
Decision Date:	11/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 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:

This is a 71-year-old female with an 8/3/04 date of injury; the mechanism of the injury was not described. The patient was seen on 6/25/14 with complaints of pain in the left knee exacerbated with cold weather and prolonged weight bearing. The patient noted functional improvement and pain relief with medications and she continued weight-loss program. Exam findings of the left knee revealed tenderness along the medial and lateral joint lines and subpatellar crepitation with range of motion and pain with patella compression. The note stated that the patient will be seen in 3 months and the request for Vicodin 5/300mg, 1 tab qd, #30, refill x 2 and Ralafen 750mg 1 tab bid, #60, refill x 2 was made. The diagnosis is left knee arthritis and obesity. Treatment to date: work restrictions and medications. An adverse determination was received on 9/5/14. The request for Vicodin 5/300mg, 1 tab qd, #30, refill x 2 for left knee was modified to 1 prescription of Vicodin 5/300mg, 1 tab qd, #30 with no refills given that there was a lack of documentation indicating improved functioning or pain and the weaning was recommended. The request for Relafen 750mg 1 tab bid, #60, refill x 2 for left knee was denied given that there was no functional improvement documented with the prior treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg, 1 tab qd, #30, refill x 2 for left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2004 date of injury, the duration of opiate use to date is not clear and there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the UR decision dated 9/5/14 modified the request for Vicodin 5/300mg, 1 tab qd, #30, refill x 2 to 1 prescription of Vicodin 5/300mg, 1 tab qd, #30 with no refills for a purpose of weaning. Lastly, the recent urine drug screen results were not available for the review. Therefore, the request for Vicodin 5/300mg, 1 tab qd, #30, refill x 2 for left knee is not medically necessary.

Ralafen 750mg 1 tab bid, #60, refill x 2 for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, given the 2004 date of injury, the duration of NSAIDs use to date is not clear. In addition, there is a lack of documentation indicating objective functional gains from the prior treatment and there is no discussion with regards to the side effects. Lastly, the patient stated that she noted functional improvement and pain relief with medications, however given that she was using opioids, it is not clear if the benefits were due to the opioid or NSAID. Therefore, the request for Relafen 750mg 1 tab bid, #60, refill x 2 for left knee is not medically necessary.