

Case Number:	CM14-0169710		
Date Assigned:	10/17/2014	Date of Injury:	04/23/2013
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgery, 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 claimant is a 33-year old who sustained a right knee injury while performing his usual and customary job duties on 04/23/13. The medical records provided for review documented that the claimant has failed conservative care and his MRI scan revealed joint effusion, a para meniscal cyst and lateral meniscal tearing. The report of a follow up visit dated 09/16/14, recommended an arthroscopy. Postoperative requests included a six-week rental of a cryotherapy device and postoperative use of Vicodin with 90 tablets being prescribed. The request for Vicodin was for immediate postoperative use in relationship to the claimant's approved right knee arthroscopic procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Vicodin Extra-Strength: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting Opioids, Vicodin Extra Strength.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for 90 tablets of extra-strength Vicodin would be indicated as medically necessary. The

medical records document that the claimant has been authorized to undergo surgical arthroscopy of the knee. The use of Vicodin to treat postoperative pain relief in the initial postoperative setting would meet the Chronic Pain Guidelines as medically necessary. The specific request in this case would be supported at this time.