

Case Number:	CM14-0172633		
Date Assigned:	10/23/2014	Date of Injury:	01/02/2003
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 & Rehabilitation 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 injured worker is a 66-year-old male who reported a work related injury on 01/02/2003. The mechanism of injury was not provided for review. His diagnoses were noted to include status post left knee arthroscopy and left knee tricompartmental arthropathy, moderate with medial meniscal tear. His past treatment was noted to include surgical intervention and medication. The injured worker's diagnostic studies were noted to include an MRI of the left knee on 12/16/2010 which revealed a radial tear of the mid portion of the medial meniscus and tricompartmental osteoarthritic changes. Per clinical note dated 07/31/2014, the patient had continued complaints of left knee pain. The pain is exacerbated with weight bearing and cold weather. Physical examination of the left knee revealed tenderness along the medial and lateral joint lines, subpatella crepitation with range of motion and pain with deep flexion. There was a positive McMurray's and minimal effusion present. There was no erythema or warmth noted. The injured worker's prescribed medications were noted to include Vicodin, Voltaren, and Prilosec. The treatment plan consisted of refill prescriptions for Vicodin, Voltaren, and Prilosec. The rationale for the request is not provided for review. A Request for Authorization form was submitted for review on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/325mg 1 tab #60 with you (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: California MTUS Guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the 4 domains proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids. The 4 domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Therefore, due to lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, adverse side effects, and the utilization of urine drug screens to monitor aberrant drug taking behaviors, the request for Vicodin 7.5/325mg 1 tab #60 with (2) refills is not supported.

Voltaren 75mg 1 bid #60 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the California MTUS, non-steroidal anti-inflammatory drugs, such as Voltaren, are recommended at the lowest dose for the shortest period of time in injured workers with moderate to severe pain for arthritis of the knee. In regards to the injured worker, it is noted that he continues to have pain. However, the request for quantity of 60 with 2 refills exceeds guideline recommendations. Therefore, the request for Voltaren 75 mg 1 twice a day with a quantity of 60 with 2 refills is not medically necessary.

Prilosec 20mg 1 qd #30 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state there must be 1 of several risk factors present, which include age greater than 65 years; history of peptic ulcers, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulants; or high dose/multiple NSAIDs. In regards to the injured worker, he was noted to be prescribed Voltaren. However, the medical necessity for Voltaren is not warranted. Therefore, the request for Prilosec is not warranted. Therefore, the request for Prilosec is not medically necessary.

