

<b>Case Number:</b>	CM14-0030387		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 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 53-year-old female with a reported date of injury on 06/01/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post arthroscopic surgery of the right knee times 2, chondromalacia/early arthritis of the right knee, rule out referred pain from the hip and/or lumbar spine, and hypertension. Her previous treatments were noted to include surgery and medications. The progress note dated 01/02/2014 revealed the injured worker complained of difficulties with her right knee. The injured worker rated her pain 7/10 to 8/10 and reported she did get some relief from sitting. The physical examination of the right knee revealed range of motion was 0 to 115 degrees. There was no instability with varus or valgus stress, and a negative anterior and posterior Drawer sign. There was pain with compression of the patellofemoral joint and mild crepitus noted with the range of motion to the knee. A Request for Authorization form was not submitted within the medical records. The request was for Vicodin every 6 hours as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78..

**Decision rationale:** The Expert Reviewer's decision rationale: The request for Vicodin is not medically necessary. The injured worker has been utilizing this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is lack of documentation regarding improved functional status with activities of daily living with the utilization of medications. There is a lack of documentation regarding side effects and the last urine drug screen was performed 08/2013, which was inconsistent with therapy, with a negative hydrocodone result. Therefore, due to a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status, side effects, and with the urine drug screen from 08/2013 with an inconsistent result, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency and dosage of the medication to be utilized therefore, the request is not medically necessary.