

Case Number:	CM14-0036635		
Date Assigned:	06/25/2014	Date of Injury:	09/16/2012
Decision Date:	08/20/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain, neck pain, mid back pain, low back pain, foot pain, and knee pain reportedly associated with an industrial injury of September 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; a TENS unit; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated March 20, 2014, the claims administrator apparently partially certified a request for Vicosteron as hydrocodone-acetaminophen unbundled from ondansetron. The applicant's attorney subsequently appealed. A February 20, 2014 progress note is notable for comments that the applicant reported persistent complaints of knee pain. The applicant is using omeprazole for dyspepsia, it was stated. The applicant's complete medication list was not provided. On March 12, 2014, the attending provider furnished the applicant with a prescription for Vicosteron, an amalgam of Vicodin and Zofran. It was suggested that the applicant was scheduled for left knee arthroscopy on March 26, 2014, and that Vicosteron was being furnished ahead of schedule for postoperative pain relief purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicosteron (hydrocodone/APAP/ondansetron) 10/300/2 mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids: On-Going Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While this was, strictly speaking, a postoperative pain request/perioperative pain request, as opposed to acute injury, MTUS 9792.23.b2 does stipulate that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any applicable treatment guidelines found within the MTUS. In this case, since ACOEM Chapter 13, Table 13-6 did address the need for postoperative usage of the Vicodin component of the, it was therefore invoked. Similarly, MTUS 9792.20j recommends usage of nationally recommended guidelines developed, endorsed, and/or disseminated by the US Federal Government. Since the MTUS does not directly address the topic of the ondansetron component of the request, guidelines selected by the Food and Drug Administration (FDA) were therefore invoked.