

Case Number:	CM14-0038856		
Date Assigned:	06/27/2014	Date of Injury:	12/24/1999
Decision Date:	08/13/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 Emergency 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 patient with an injury date of 12/24/1999. The mechanism of injury was not provided. The patient has a diagnosis of chronic right knee pain, post right knee arthroplasty in October 2004 and right knee supracondylar fracture surgery in February 2005. The patient complains of right knee pains and has stated that Tramadol and Vicodin improves pain. The patient also states that pain is aching and worsens with prolonged standing. Objective exam reveals no effusion, posterior stabilized knee with clunk. A medication list was not provided. The only medication mentioned in records include Tramadol, Vicodin, and Flector patch. The patient has completed physical therapy and home exercise. Independent Medical Review is for prescription of Vicodin 5/325mg #186 (#31 with 5 refills) and Tramadol 50mg #186 (#31 with 5 refills). Last UR on 3/06/14 modified prescriptions to Vicodin #93 and Tramadol #93.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg Quantity: 186.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Vicodin is a combination of Hydrocodone with Acetaminophen. Hydrocodone is an opioid. As per MTUS Chronic Pain Guidelines, documentation does not support the continued ongoing management and use of Vicodin with no proper documentation of analgesia and activity of daily living. There is no objective documentation of how much improvement pain medications provide to patient. Documentation of adverse events and aberrant behavior is appropriate. The number of tablets prescribed and additional refill does not meet the close monitoring requirement as per MTUS Guidelines. MTUS Guidelines recommend at least one visit every 1-2 months for appropriate monitoring. The current prescription of Vicodin is not medically necessary.

Tramadol 50mg Quantity: 186.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol is a Mu-Agonist, an opioid like pain medication. As per MTUS Chronic Pain Guidelines, documentation does not support the continued ongoing management and use of Tramadol with no proper documentation of analgesia and activity of daily living. There is no objective documentation of how much improvement pain medications provide to patient. Documentation of adverse events and aberrant behavior is appropriate. The number of tablets prescribed and additional refill does not meet the close monitoring requirement as per MTUS Guidelines. Guidelines recommend at least one visit every 1-2 months for appropriate monitoring. The current prescription of Tramadol is not medically necessary.