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| Case Number: | CM14-0062260 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 03/29/2010 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 04/08/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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, has a subspecialty in 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 injured worker is a 60-year-old male who reported injury on 03/29/2010 caused by unspecified mechanism. The injured worker's treatment history included medications and MRI studies. The injured worker was evaluated on 02/18/2014 and it was documented that the injured worker was seen for a follow-up examination. The injured worker reported that he was beginning to have increased difficulty with his right knee. Physical examination revealed +1 effusion and a +3 crepitation in the tricompartment, and 2 cm atrophy. It was noted that the injured worker had osteoarthritis. He previously had improvement from viscosupplementation, which lasted 6 months. The injured worker was recommended for total knee consultation since the injured worker was deteriorating and recommended to have a knee replacement. The injured worker was denied viscosupplementation. Medications included Vicodin. Diagnoses included bilateral knees osteoarthritis, right knee arthroscopy, left knee arthroscopy, degenerative disc disease of the lumbar spine with severe lumbar spinal stenosis, and left shoulder rotator cuff tendinitis. Request for Authorization dated 03/26/2014 was for Vicodin tablets 7.5 mg, 300 mg; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin tab 7.5mg/300mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency, quantity or duration of medication. Given the above, the request for Vicodin tab 7.5/300mg is not medically necessary.