

Case Number:	CM14-0086395		
Date Assigned:	07/23/2014	Date of Injury:	03/06/1993
Decision Date:	09/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 66-year-old male who reported an injury on 03/16/1993. The mechanism of injury was not provided within the medical records. The clinical notes dated 03/13/2014 indicated diagnosis of osteoarthritis of the knee, chondromalacia patella, and joint pain of the knee. The injured worker was able to do his usual customary work activities. The injured worker denied instability or falling episodes. The injured worker reported he took Vicodin occasionally for control of knee pain, especially at night. On physical examination, range of motion of the right knee was 0 to 125 degrees flexion. There was genuvarum deformity on standing. He had patellofemoral crepitation on flexion extension of his right knee. The medial lateral collateral ligaments were stable to varus and valgus stress testing. Knee range of motion was 0 and 30 degrees. Anterior drawer sign and Lachman's test were normal. The treatment plan included follow-up in 6 months and x-ray of the right knee. The injured worker's prior treatments included medication management. The provider submitted a request for Vicodin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5 mg.-300 mg. #90 with 3 refills (#270): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the injured worker's request was modified on 05/19/2014 for the Vicodin ES 7.5 mg.-300 mg. #90 with no refills for weaning. The provider has had ample time to wean the injured worker. Furthermore, the request does not provide a frequency. Therefore, the request of Vicodin ES 7.5 mg.-300 mg. #90 with 3 refills (#270) is not medically necessary and appropriate.