

Case Number:	CM14-0093359		
Date Assigned:	09/12/2014	Date of Injury:	08/03/2004
Decision Date:	11/25/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 Texas. 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 71 year old female with a date of injury on 8/3/2004. The worker had a left knee injury. There is a 2/14 note indicating the presence of ongoing knee pain and use of Norco. The worker was not ready for a joint replacement, and had lost some weight. The notes indicate that the worker was obese and trying to lose weight. She had knee osteoarthritis and was to pursue joint replacement when she lost more weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: The injured worker has used Vicodin for some months. However, her providers have not indicated any favorable outcomes with the use of this drug. There is no indication that the worker's pain level has decreased with this drug. There is no information about functional activity increase, as well. The 4 A's of opioid treatment are not met, as noted by the Chronic Pain Medical Treatment Guidelines criteria for use of ongoing management of

opioids as follow: The 4 A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain worker on opioids: Pain relief, side effects, physical, and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors); use of drug screening or treatment with issues of abuse, addiction, or poor pain control; documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion); and continuing review of overall situation with regard to non-opioid means of pain control. Therefore, based on the data submitted for review, the request is not seen as medically necessary.