

Case Number:	CM14-0189765		
Date Assigned:	11/20/2014	Date of Injury:	11/04/2003
Decision Date:	01/08/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 69 year old male with an injury date on 11/4/03. Patient complains of right knee pain with intermittent swelling, and crepitus per 10/6/14 report. The patient states that his pain is worsening, and he cannot tolerate Tramadol, Ibuprofen, and NSAIDs due to Crohn's disease per 8/25/14 report. In the 8/11/14 report, the patient noted some improvement due to the right knee injection and brace. Based on the 10/6/14 progress report provided by the treating physician, the diagnosis is degenerative joint disease, right knee. Exam on 10/6/14 showed "slight extension lag, mild varus, and trace effusion of right knee." No range of motion testing of the knee was included in the provided reports. Patient's treatment history includes multiple Synvisc injection for the right knee (not helpful), medication (Norco), knee brace, and cryotherapy. The treating physician is requesting Vicodin 5/325mg #60. The utilization review determination being challenged is dated 10/16/14 and denies request as patient's previous use of Norco was without significant benefit, and due to patient's history of medication side effect from comparable opioids. The requesting physician provided treatment reports from 1/2/13 to 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88,89, 76-78.

Decision rationale: This patient presents with right knee pain. The patient doesn't have a history of taking Vicodin, per review of reports. The patient was taking unspecified opiate in 9/17/13 report, and is taking Norco as of 6/18/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient presents with chronic right knee pain, and has been taking various opiates including Norco for at least 3 months. The patient has Crohn's disease, and is not able to tolerate Tramadol, Ibuprofen, or oral NSAIDs. Regarding medications for chronic pain, MTUS pg. 60 indicates physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. For chronic opiate use, MTUS pages 76, 78 require documentation of the four A's (analgesia, ADL's, adverse effects, aberrant behavior). None of the reports provided by the physician show documentation regarding the efficacy of Norco in terms of the four A's nor is there an explanation for switching from Norco to Vicodin. Vicodin and Norco both contain hydrocodone and Tylenol. Therefore requested trial of Vicodin is not medically necessary.