MAXIMUS Federal Services

Case Number:	CM14-0190792		
Date Assigned:	11/24/2014	Date of Injury:	12/29/2010
Decision Date:	01/26/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehab, has a subspecialty in Pain Management 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 58 year old female with date of injury 12/29/10. The treating physician report dated 08/04/14 (112) indicates that the patient has pain affecting the right knee. The physical examination findings reveal continuous ongoing constant pain and discomfort in the right knee, radiating up and down her right knee and leg. On a visual analog scale, with 0 being no pain and 10 being excruciating pain, she rates her pain level at 9/10 with pain increasing to 10/10. The patient walks with an antalgic gait on the right, no signs of atrophy, and no visible/palpable signs of swelling, effusion, or increased heat. There are no scars and the patient is not wearing a knee brace. Patient is unable to squat or duck walk. There is pain with active flexion and extension of both knees. Patient had steroid/anesthetic injection on the right knee, which provided temporary relief. Patient has also decided to undergo surgery due to pain, although no specific date is referenced in the report. Due to severe pain, the patient's activities of daily living have been diminished. The current diagnoses are:1. Contusion, right knee2. Chondromalacia patella, right knee3. Patellofemoral pain syndrome, right knee. The utilization review report dated 11/07/14 denied the request for Vicodin and a Knee Brace based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with knee pain. The current request is for Vicodin 5/500mg quantity 60. The treating physician indicates that the current request is for "symptomatic relief as we await authorization for the recommended surgical procedure." The MTUS guidelines for opioid usage state that Hydrocodone (Vicodin) is an option for treating pain. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In reviewing the documentation provided, the treating physician has indicated that the patient's ADL's are severely diminished due to pain. The patient has been previously prescribed Vicodin because in the report dated 08/04/14 (119) the physician indicates that he is requesting authorization for refills. In this case, there is no documentation of before and after pain scales, no discussion of functional improvements or changes in ADLs with opioid usage and there is no discussion of side effects. The MTUS guidelines are very specific about proper documentation regarding ongoing opioid usage. Ultimately, the documentation was not provided as required by the MTUS guidelines. Recommendation is for denial.

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Braces, www.odg-twc.con/odgtwc/knee.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knees and Leg Chapter, Knee Brace Section

Decision rationale: The patient presents with knee pain. The current request is for a Right Knee Brace. The treating physician indicates that the current request is "to help decrease the pain in the right knee." The ODG recommends the use of knee braces as long as the patient meets one of the conditions outlined, "Knee instability, Ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture." In reviewing the documentation provided the patient has not been diagnosed with any of these conditions. There is documentation of severe pain in the right knee but weakness or specific problem is not addressed. Ultimately, the documentation provided does not fulfill the requirements as outlined in the ODG. Recommendation is for denial.