

Case Number:	CM14-0195874		
Date Assigned:	12/03/2014	Date of Injury:	04/01/2004
Decision Date:	12/08/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 54-year-old male who sustained an industrial injury on 4-1-04. A review of the medical records indicates that the worker is undergoing treatment for low back pain; MRI: 4 mm disc protrusion and annular tear at L2-L3 and L3-L4 disc protrusion and annular tear with facet joint arthropathy with mild to moderate left neuroforaminal narrowing at L4-L5, internal derangement of right knee status post 2 surgeries for meniscectomies, and internal derangement of the left knee due to compensation for the right knee. Subjective complaints (10-29-14) include daily pain rated at 9 out of 10, frequent spasm, numbness and tingling in both knees, popping and clicking in the right wrist and both knees locking. Pain is reported to increase if stands longer than 2-3 minutes or walks longer than 15 minutes and that he can do light cleaning and simple cooking. Also noted is that he wakes up due to pain and reports some depression due to chronic pain that decreases his functionality. Objective findings (10-29-14) include right wrist flexion to 25 degrees and extension to 30 degrees, crepitation noted, right lower extremity extends to 175 degrees and left lower extremity extends to 180 degrees and flexes to 100 degrees. Work status was noted as not currently working. Previous treatment includes Vicodin (ordered 6-23-14), Lidoderm Patch, Naproxen, Flexeril, Gabapentin, Protonix, home exercise, ice, heat, and knee braces. The requested treatment of Vicodin 5-500mg #90 was non-certified on 11-11-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.