

Case Number:	CM14-0199335		
Date Assigned:	12/09/2014	Date of Injury:	08/11/2000
Decision Date:	03/06/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained a work related injury on 8/11/2000. The mechanism of injury was not described. The current diagnoses are sprain/strain of the right knee with medial meniscus tear, sprain/strain of the left knee, and status post arthroscopy partial medial meniscectomy times two. According to the progress report dated 10/15/2014, the injured workers chief complaints were bilateral knee pain, 8/10 on a subjective pain scale. The physical examination revealed tenderness over the lateral joint of the right knee and over the patellofemoral of the left knee with +1 crepitus. Range of motion of the knees was limited bilaterally. The medication list was not specified in the records provided. On this date, the treating physician prescribed Vicodin 5/500mg #100 and Motrin 800mg #90, which is now under review. The treating physician did not describe any specific reasons for prescribing the medications. In addition to the medications, the treatment plan included exercises, urine drug screen, and follow-up care. When the medications were prescribed work status was permanent and stationary. A progress report dated 7/15/14 states that the patient's medications were Vicodin and Motrin. She was not working. Her pain was rated 7-8. Her UDS was consistent. On 10/27/2014, Utilization Review had non-certified a prescription for Vicodin 5/500mg #100 and Motrin 800mg #90. The medications were non-certified based on a non-optimal medication regimen. Goodman and Gilman's Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin, 5/500mg Tabs; #100 0 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics 12 Ed. McGraw Hill 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Vicodin, 5/500mg Tabs; #100 0 Refills is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term Vicodin without significant functional improvement and continued levels of high pain. For these reasons the request for Vicodin, 5/500mg Tabs; #100 0 Refills is not medically necessary.

Motrin, 800 Mg #90 Refills X 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics 12 Ed. McGraw Hill 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Motrin, 800 Mg #90 Refills X 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Motrin for an extended period without evidence of functional improvement and with persistent pain. The request for continued Motrin is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDS and may compromise renal function. The request for continued Motrin is not medically necessary.

