MAXIMUS Federal Services

Case Number:	CM14-0201000		
Date Assigned:	12/11/2014	Date of Injury:	08/30/2006
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee, neck, low back, mid back, shoulder, and hand pain reportedly associated with an industrial injury of August 30, 2006.In a Utilization Review Report dated November 17, 2014, the claims administrator approved a follow-up visit, denied Vicoprofen, and denied an orthopedic knee surgery consultation. The claims administrator referenced an October 30, 2014 progress note in its denial. The claims administrator suggested that the applicant had had manipulative therapy, acupuncture, and extensive physical therapy throughout the claim.The applicant's attorney subsequently appealed.In a May 14, 2014 progress note, the applicant reported ongoing issues with gastritis. The applicant was apparently given prescriptions for Protonix for the same. Large portions of the progress note were difficult to follow and not entirely legible.In a June 9, 2014 progress note, the applicant reported ongoing complaints of hand, shoulder, and mid back pain. The applicant was using Vicodin, Lidoderm, and Motrin, it was acknowledged, several of which were refilled. The applicant was not working and had not returned to work in 2006. The attending provider stated that the applicant was deriving appropriate analgesia from medication consumption. The applicant acknowledged that her day to day activities of daily living were limited secondary to pain. The applicant was getting Xanax from another provider, it was stated.In an applicant questionnaire of June 9, 2014, the applicant acknowledged that she was not working.In an applicant questionnaire seemingly dated September 15, 2014, the applicant stated that she was feeling sick all the time, was not working, and reported ongoing complaints of 5-6/10 pain despite ongoing usage of Vicodin, Motrin, and unspecified pain patches. The applicant did have issues with medication-induced insomnia, it was further noted.In a questionnaire dated October 13, 2014, the applicant again stated that she was not working. 5-8/10 pain was evident on this occasion, with various pain generators noted,

including the neck, shoulder, and head. The applicant was using a cane, it was further noted.In a progress note dated October 13, 2014, the applicant reported hand pain, arm pain, headaches, numbness, tingling, and paresthesias. The applicant stated that her medications were diminishing her pain scores by 25% to 30% temporarily. The applicant nevertheless stated that her day-to-day levels of activity were significantly constrained secondary to multifocal knee, shoulder, neck, and low back pain. The applicant has also had superimposed mental health issues. The applicant was described as using Vicodin toward the top of the report. Vicoprofen was prescribed toward the bottom of the report. The attending provider suggested that the applicant consult an orthopedist to evaluate her severe knee symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Vicoprofen 7.5/200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Opioids, Ongoing Management Page(s): 80; 78.

Decision rationale: No, the request for Vicoprofen, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant has not worked since 2006, it was acknowledged on several progress notes, referenced above. The applicant was having difficulty performing activities of daily living as basic as standing and walking, the attending provider has acknowledged, despite ongoing opioid usage. While the attending provider did report that the applicant's pain complaints were reduced with medication consumption, these subjective reports of pain reduction are outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids be employed to improve pain and function. Here, however, it was not clearly stated or clearly established why the applicant needed to use two separate short-acting opioid agents, Vicodin and Vicoprofen. Therefore, the request was not medically necessary.

1 ortho consult to evaluate knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330 and 334-4.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the proposed orthopedic consultation to evaluate the knee is medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has severe knee complaints. Obtaining the added expertise of an orthopedic knee surgeon to formulate appropriate treatment options is, thus, indicated. Therefore, the request is medically necessary.