

Case Number:	CM14-0210617		
Date Assigned:	12/23/2014	Date of Injury:	11/01/2013
Decision Date:	04/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 62-year-old male reported a work-related injury on 11/01/2013. According to the Initial Orthopedics Evaluation from the treating provider dated 10/16/14, the injured worker (IW) reports constant right knee pain rated 7-8/10 and intermittent left knee pain rated 6/10. On exam, both knees had noticeable swelling and he had difficulty fully bending the right knee. Diagnoses include right knee medial meniscus tear and left patellofemoral pain due to overcompensation. Previous treatments were medications, physical therapy, bracing and activity modification. The treating provider requests post-operative meds: Vicodin 5/300, #60. The Utilization Review on 11/13/2014 non-certified the request for post-operative meds: Vicodin 5/300, #60. References cited were CA MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Meds Vicodin 5/300 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Vicodin) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83, 76, 77, 78.

Decision rationale: The injured worker has evidence of osteoarthritis of both knees associated with a torn meniscus of the right knee. The documentation provided does not include certification of the request for arthroscopy with partial medial meniscectomy and chondroplasty. California MTUS chronic pain guidelines do not recommend opioids as a first line therapy for osteoarthritis. A short-term use is recommended on a trial basis for failure of first line nonpharmacologic and medication options such as acetaminophen or NSAIDs and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of the first line medications. The documentation indicates that he has been on opioids for at least 5 months starting May 1, 2014. He has been getting Norco # 120 on a monthly basis since that time. There is no narcotics contract. A trial of first line drugs such as acetaminophen or NSAIDs is not documented. The guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy the patient should set goals and the continued use of opioids should be contingent on meeting these goals. Documentation does not indicate that this was done. Baseline pain and functional assessment has not been documented. A urine drug screen to assess the use of illegal drugs was not done. The documentation from 10/16/2014 indicates that he was taking tramadol in addition to Norco. The "4 A's" of ongoing monitoring, analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors are not documented. As such, weaning is suggested and the request for Norco 5/325 #60 is not supported by guidelines and the medical necessity is not established.