

Case Number:	CM15-0001102		
Date Assigned:	01/12/2015	Date of Injury:	01/18/2005
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male who sustained an industrial injury on 1/18/05. The injured worker reported symptoms in the bilateral knees. The diagnoses included industrial aggravation of bi-compartmental osteoarthritis involving the medial and patellofemoral condyle, left knee sprain/strain with chronic anterior cruciate ligament tear, status post total knee replacement. Treatments to date have included a left total knee replacement on 5/23/06, activity restrictions, oral pain medications, and home exercise program. PR2 dated 11/17/14 noted the injured worker presents with increased pain in the left knee and noted "throbbing pain, right knee, affects sleep...medications help to decrease the pain". The treating physician is requesting 1 prescription of Vicodin 5-300mg, #60. On 12/2/14, Utilization Review non-certified a request for 1 prescription of Vicodin 5-300mg, #60 modifying it to 1 prescription of Vicodin 5-300mg, #48. The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Vicodin 5-300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: One Prescription of Vicodine 5-300mg # 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.