

Case Number:	CM15-0001878		
Date Assigned:	01/12/2015	Date of Injury:	01/01/2008
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 01/01/2008. The mechanism of injury was not provided. Her diagnoses were noted as tricompartmental osteoarthritis of the left knee, status post left total knee replacement. Her past treatments were noted to include medications, physical therapy, weight loss program and knee brace. Diagnostic studies were noted to include urine drug screen performed on 07/01/2014. Her surgical history was noted as a left total knee replacement performed on 07/18/2014. During the assessment on 12/18/2014, the injured worker complained of left knee pain. A physical examination revealed increased range of motion of the left knee. There was mild tenderness to palpation at the MCL. Her medication list was not provided. The treatment plan was to proceed with 8 additional physical therapy sessions and get a hinged neoprene wrap around brace for the left knee. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin HP 10/300mg #130: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for Vicodin HP 10/300 mg #130 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects and appropriate medication use with the use of random drug screening to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. There was no quantified information regarding pain relief, including a detailed assessment of the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding adverse effects. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of Vicodin HP 10/300 mg #130 is not supported by the guidelines. As such, the request is not medically necessary.