

Case Number:	CM15-0142365		
Date Assigned:	08/03/2015	Date of Injury:	01/07/2014
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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

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 31 year old male who sustained an industrial injury on January 7, 2014. According to a progress report dated June 22, 2015, the injured worker reported a painful left knee. He still had swelling within his knee and had not been able to resume working. An MRI of the left knee on June 9, 2015 revealed mild meniscal degeneration at the junction of the posterior horn and mid-zone without discrete meniscal tear, minimal fraying of the inferior articular surface of the lateral meniscus, without discrete tear, diffuse mild chondromalacia patella laterally and a large knee joint effusion with synovitis. His past medical history and review of systems had not changed from September 25, 2014, except for his left knee arthroscopy. Examination of the left knee demonstrated 1+ effusion with ballotable fluid in the knee. Knee flexion was 120 degrees. Extension of the knee was 180 degrees. There was peripatellar and medial joint tenderness. There was soft tissue swelling. Quadriceps strength was 4/5. The ankle and foot were normal. Neurological was otherwise normal. Assessment included synovitis of left knee with knee joint effusion, chondromalacia patella left knee, and status post left knee arthroscopy with resection of medial plica, synovectomy, and chondroplasty. Recommendations included left knee arthroscopy with synovectomy and evacuation of the effusion. The provider noted that arthroscopy was necessary because the injured worker had recurrent effusions in the knee that had not resolved in spite of multiple aspirations, injection oral medications, and modified work activities. Total temporary disability would be for four weeks following surgery

followed by light duty activity for eight weeks. Physical therapy three times per week for eight weeks was contemplated. Authorization requests were not submitted for review. Currently under review is the request for post-operative Vicodin 5/300 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Vicodin 5/300 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Vicodin (Hydrocodone, Lortab); Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The patient is s/p knee arthroscopy on 9/26/14, eleven months ago. Recent MRI on 6/9/15 showed mild meniscal degeneration; otherwise without discrete tear; mild diffuse chondromalacia, unchanged from previous exam. It is not clear whether the proposed repeat knee arthroscopy has been certified with current request for postop Vicodin. Chronic Pain Guidelines are applicable. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Post operative Vicodin 5/300 mg Qty 90 is not medically necessary and appropriate.