

Case Number:	CM15-0196283		
Date Assigned:	10/09/2015	Date of Injury:	12/07/2001
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 50-year-old female who sustained an industrial injury 12-07-01. A review of the medical records reveals the injured worker is undergoing treatment for degenerative joint disease, degenerative lumbar disc disease, knee sprain, and mononeuritis. Medical records (09-23-15) reveal the injured worker complains of pain in the left knee and low back. The physical exam (09-23-15) reveals, "decreased painful range of motion" in the left knee. The injured worker ambulates with a single paint cane and has an antalgic gait. Prior treatment includes a left knee brace, acupuncture, medications including Neurontin, Relafen, Pamelor, and Norco. The treating provider reported that Hydrocodone had decreased pain by greater than 50%, and allow for an increase in activity and walking tolerance, with no side effects or aberrant behavior. The treating provider notes that the injured worker has not been receiving his prescribed medications - Neurontin, Relafen, Pamelor, and Norco. The original utilization review (09-30-15) non certified the request for Vicodin 10/300 #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/300mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.