

Case Number:	CM14-0112948		
Date Assigned:	08/01/2014	Date of Injury:	11/02/1988
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 75-year-old female with a 11/2/88 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/17/14, the patient complained of increasing pain in her right and left knees and difficulty walking. Objective findings: mild to moderate swelling of left knee, very little ROM of right knee. Diagnostic impression: status post right total knee replacement complicated by skin loss necessitating gastrocnemius flap coverage, status post left total knee replacement. Treatment to date: medication management, and activity modification. A UR decision dated 7/2/14 denied the request for Vicodin 10/500mg. According to available records, the patient had not recently failed a trial of non-opioid analgesics. Furthermore, the patient had been prescribed Norco in November of 2013, without sufficient evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is noted in the report dated 6/17/14 that the provider is requesting a new prescription for Vicodin due to the patient's complaint of increasing pain. However, the patient was prescribed Norco on 11/19/13, and there is no documentation of significant pain relief or improved activities of daily living. In addition, there is no documentation that the patient has discontinued the use of Norco. Therefore, the request for Vicodin 10/500mg #60 is not medically necessary.