

Case Number:	CM14-0215947		
Date Assigned:	01/06/2015	Date of Injury:	05/31/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 patient is a 34-year-old female with an injury date of 05/31/2013. Based on the 10/17/2014 progress report, the patient complains of persistent pain in her lower back, pain radiating into her bilateral lower extremities, and pain in her left ankle and foot which she rates as an 8/10. The 11/08/2014 report indicates that the patient has persistent pain in her lumbar spine, pain in her left knee which she rates as an 8/10, and pain in her left ankle which she rates as a 4/10. Her lumbar spine pain radiates to her left leg and there is tenderness to palpation of the left knee and the left ankle (medially and laterally). She has a limited dorsiflexion and a limited eversion/inversion. The 12/12/2014 report indicates that the patient ambulates with an antalgic gait. Sensory testing for the left lower extremity revealed decreased sensation over the medial compartment of the lower leg. Sensation was absent over the lateral compartment of the left leg and absent over the posterior compartment of the left leg. The patient's diagnoses include the following: 1. Left knee strain. 2. Left knee early tricompartmental arthritis. 3. Ankle sprain. The utilization review determination being challenged is dated 12/17/2014. Treatment reports are provided from 01/30/2014 -12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain Page(s): 88-89, 76-78 ,60-61.

Decision rationale: The patient presents with lumbar spine pain, left knee pain, and left ankle pain. The request is for remaining #30 VICODIN 5/300 mg. There is no indication of when the patient began taking Vicodin. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" Or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Although the treater documents pain scales, not all of the 4 A's are addressed as required by MTUS Guidelines. There is no discussion provided on any adverse side effects/aberrant behavior the patient may have had. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested Vicodin IS NOT medically necessary.