

Case Number:	CM15-0017815		
Date Assigned:	02/05/2015	Date of Injury:	04/04/2001
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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, Hawaii
 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 67 year old female who sustained an industrial injury on 04/04/2001. Diagnoses include lumbar degenerative disc disease, chronic pain syndrome, bilateral knee degenerative joint disease, and lumbar pain. Documented treatment to date has included medications. A hand written physician progress note dated 01/08/2015 documents the injured worker complains of pain in her knees, and walking is limited. She has stomach upset with Ibuprofen. Vicodin was increased. Treatment requested is for Vicodin 5/300 mg # 120. On 01/16/2015 Utilization Review modified the request for Vicodin 5/300, #120, to Vicodin 5/300, # 60, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; On-Going Management Page(s): 78, 89.

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

Decision rationale: The patient presents with pain affecting the bilateral knee. The current request is for Vicodin 5/300 mg # 120. The treating physician report dated 1/6/15 (41C) provides no rationale for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Vicodin since at least 05/16/14 (5C). The report dated 1/6/15 notes that the patient's pain level is 5-6/10 while on medication. No adverse effects or adverse behavior was noted by patient. There is no evidence in the documents provided that show the patient's ADL's have improved. In this case, all four of the required A's are not addressed, and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Tramadol. Recommendation is for denial and slow weaning per the MTUS guidelines.