

Case Number:	CM15-0118639		
Date Assigned:	06/26/2015	Date of Injury:	10/09/2007
Decision Date:	07/28/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female, who sustained an industrial injury on 10/10/07. The documentation noted that the injured worker has two continuous trauma claims 1/1/02 to 10/9/01 and 10/10/07 to 2/10/11. The documentation noted that the injured worker last day at work was 2/10/11. The injured worker has complaints of bilateral knee pain. The documentation noted that there is tenderness with limited range of motion and that the injured worker walks with an antalgic gait. The diagnoses have included osteoarthritis, unspecified whether generalized or localized, lower leg and pain in joint, lower leg. Treatment to date has included supartz injection; heat and ice contrast therapy; vicodin extra strength and X-rays of the bilateral knees and bilateral tibia showed no increase of osteoarthritis. The request was for vicodin extra strength 7. 5/300mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7. 5/300mg #50: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in October 2007 and continues to be treated for bilateral knee pain. Treatments have included bilateral arthroscopic knee meniscectomies. When seen, pain was rated at 6/10. There was decreased range of motion with tenderness, grinding, and catching and an antalgic gait. Authorization for viscosupplementation injections was requested. Vicodin was prescribed. The claimant appears to have somewhat predictable activity-related breakthrough pain (i. e. incident pain) when standing and walking which is consistent with her history of injury, treatments, and clinical presentation. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Vicodin ES is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when the claimant was having ongoing moderate pain. There were no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Prescribing Vicodin ES was medically necessary.