MAXIMUS Federal Services

Case Number:	CM15-0179296		
Date Assigned:	09/21/2015	Date of Injury:	02/28/2012
Decision Date:	11/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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, 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 45 year old female who sustained an industrial injury on 2-28-12. The impression is noted as left knee degenerative disease. Previous treatment includes injections, medication, physical therapy, home exercise, and arthroscopic surgery. In a progress report dated 5-18-15, left knee pain is rated as 7 out of 10 this visit, 4 out of 10 at best and 10 out of 10 at worst. In a follow-up visit dated 8-3-15, the physician notes complaints of continued pain and discomfort in her left knee without any improvement. She complains of pain with standing and walking and is able to walk less than 2 blocks. Objective exam notes crepitus in her knee with range of motion, pain on palpation and she ambulates with a limp, favoring the left lower extremity. It is noted that she has documented degenerative disease and will require a total knee replacement. Medications are Motrin and Vicodin. A request for authorization is dated 8-7-15. The requested treatment of Vicodin 10-300mg quantity 60 was modified to certification of 1 prescription of Vicodin 10-300mg #45 and Motrin 800mg quantity 120 was non-certified on 8-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/300 mg Qty 60: 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: Vicodin is an opioid recommended for use in patients with moderate to severe pain. Long-term use is not recommended due to questionable effectiveness. Long-term opioids can be considered if the patient returns to work and there is demonstrated pain relief and objective functional improvement. In this case, there is a lack of evidence for functional improvement and/or sustained benefits as a result of taking Vicodin. The patient continues to complain of left knee pain. No improvement is noted in the progress noted of 8/3/2015. Therefore the request is not medically necessary or appropriate.

Motrin 800 mg Qty 120: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period of time. Studies do not document any evidence of effectiveness of NSAIDs used on a long-term basis. NSAIDS like Motrin (Ibuprofen) should also be used with caution due to significant GI and cardiovascular adverse reactions. In this case, the patient has been using Motrin since at least 12/2013 without evidence of significant objective functional improvement. There is also no recent improvement as documented at the last visit. Therefore the request is not medically necessary or appropriate.