

Case Number:	CM13-0023656		
Date Assigned:	01/24/2014	Date of Injury:	05/17/2002
Decision Date:	03/25/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 55-year-old female who reported an injury of 05/17/2002 due to a slip and fall that reportedly caused injury to her left knee and ankle. The patient underwent surgical intervention and ultimately developed tricompartmental osteoarthritis. The patient's chronic pain was managed with medications to include Norflex, Tylenol No.4, and Motrin. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had chronic pain complaints of the left ankle and left knee. Physical findings included chronic swelling of the left knee and tenderness to palpation over the achilles tendon. Examination of the left knee revealed tenderness to palpation over the popliteal fossa with medial and lateral joint line tenderness and positive patellofemoral crepitus. The patient's diagnoses included osteoarthritis of the bilateral knees, chronic left ankle/knee sprain, and a sprain/strain of the lumbosacral spine secondary to an altered gait. The patient's treatment plan included continuation of medications and a weight loss program in preparation for a total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Tylenol No.4 Quantity 120, unspecified body part: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request Tylenol No.4, quantity 120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of Opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide a quantitative assessment of the patient's pain and relief provided by medications. Additionally, there is no documentation of functional benefit to support continued use of this medication. As such, the requested Tylenol No. 4, quantity 120 is not medically necessary or appropriate.