

Case Number:	CM13-0037393		
Date Assigned:	03/03/2014	Date of Injury:	03/04/2001
Decision Date:	04/23/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/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 year old female with a date of injury on 03/01/2001. The listed diagnosis is strain/sprain of knee. However, she is status post left unicompartment knee replacement in 02/2009 and MUA left knee in 07/2012. On 10/23/2013 she had low back pain and left knee pain. She had diffuse paraspinal tenderness and decreased lumbar range of motion. She has degenerative disc disease. Left knee flexion was up to 110 degrees. She had a well healed incision. The knee was stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opioids: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Tylenol #4 contains Codeine and is an opioid. MTUS Chronic Pain, Opioids not that for ongoing treatment there must be documentation of continued efficacy (how long does it take for the medication to start and how long does it last, how effective is the medication with respect to improving the ability to do the activities of daily living) and adverse effects. The

lowest effective dose must be used. There must be continued evaluation of the use of opioids. None of this was documented. There was insufficient documentation to substantiate the medical necessity for on going Tylenol #4 treatment. Therefore the request is not medically necessary.