

<b>Case Number:</b>	CM14-0102864		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/22/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Emergency Medicine 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 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:

Patient with reported date of injury on 6/22/2008. Mechanism of injury is described as cumulative trauma. Patient has a history of bilateral knee arthritis post R knee arthroscopy (7/06), lumbar sprain/strain with radiculitis, bilateral plantar fasciitis and anxiety. Medical reports reviewed. Last report available until 7/8/14. Patient complains of L knee pain with popping, grinding and pain with standing or activity. Also complains of low back pain radiating to both legs. Objective exam reveals mild tenderness to paraspinal lumbar region, straight leg raise worsens back pain and range of motion (ROM) of lumbar spine reveals diffusely decreased ROM. Knee exam reveals atrophy of some muscles bilaterally, specifically the Vastus Medialis Obliques. Diffuse tenderness to both knee joints. Knee is stable. ROM is normal. Progress Note on 5/21/14, note related to this IMR medication request, merely mentions DC Norco and Rx Tylenol #3. Review of records show that providers appear to be alternating prescriptions of Norco and Tylenol #3 for unknown reason. There are no notes explaining rationale for alternating these medications. X-ray of bilaterally knees (12/12/13) revealed tricompartmental degenerative joint disease Right side worse than Left side. X-ray of lumbar spine (4/14/14) reveals facet arthropathy from L3-L5. Independent Medical Review is for Tylenol #3 300/30mg #60. Prior UR on 6/25/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 300/30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tylenol #3 is Acetaminophen and Codeine, an opioid. From the records, patient is chronically on an opioid. The providers are alternating prescriptions of Tylenol #3 and Norco's prescription between each visit for unknown reason but the criteria for review is the same. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. Documentation does not support continued use of opioids. Therefore, the request of Tylenol #3 300/30mg #60 is not medically necessary and appropriate.