

<b>Case Number:</b>	CM14-0103614		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/09/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 38-year-old female who was reportedly injured on March 9, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 16, 2014, indicated that there were ongoing complaints of left hip pain, left knee pain, and back pain. The physical examination of the right knee indicated tenderness over the patellofemoral joint and to a lesser extent the medial and lateral joint lines. There was crepitus with range of motion, which was measured from 0 to 134. Diagnostic imaging studies of the left knee revealed patellofemoral arthralgia and a medial joint space effusion. Treatment included acupuncture. A request was made for Tylenol #3 and was not certified in the pre-authorization process on June 20, 2014.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

**Decision rationale:** The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Tylenol #3 is not medically necessary.