

Case Number:	CM14-0109276		
Date Assigned:	09/16/2014	Date of Injury:	04/28/2013
Decision Date:	10/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 60 year old female with a reported date of industrial injury on April 28, 2013, where she slipped and fell. The primary diagnosis is listed as pain in joint, lower leg (719.46). The injured worker was released to modified work on February 25, 2014 according to Primary Treating Physician's initial report. A physical therapy note dated June 19, 2014 reveals patient has completed all authorized physical therapy visits. Reports of continued medial left knee pain are noted. Rates pain on a scale of 6 of 10. The treatment plan at this visit, was to improve capacity of walking by 80% within 10 weeks and transition to aquatic therapy (8 sessions) since reports of pain continue even after completing land based therapy. A prior utilization review determined dated June 19, 2014 resulted in denial of Acetaminophen Codeine (Tylenol #3) 300/30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen Codeine (Tylenol #3) 300/30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not demonstrate any significant improvement in pain level (i.e. VAS) or function with use of Tylenol # 3. There is no documentation of trial and failure of first line therapy with NSAIDs or Acetaminophen. There is no record of urine drug test in order to monitor compliance. Therefore, the medical necessity for Tylenol # 3 has not been established based on guidelines and lack of documentation.