

Case Number:	CM14-0019289		
Date Assigned:	04/21/2014	Date of Injury:	06/21/2012
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/14/2014

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 Texas. 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 63-year-old female injured on 06/21/12 due to an undisclosed mechanism of injury. Current diagnoses include tear of lateral cartilage or meniscus of knee status post arthroscopy on 08/27/13. The clinical note dated 12/06/13 indicates the injured worker reported painful weight bearing in the morning with loud painful snap. The injured worker is utilizing compression stockings to assist with swelling. Physical examination revealed range of motion 0 to 140 degrees, stable ligaments, tenderness to palpation at the medial joint line. Tylenol #3 was prescribed and recommendation for Orthovisc injections to the left knee was made. The injured worker was to continue a home exercise program. The clinical note dated 01/13/14 indicated the injured worker complained of left knee and left elbow pain rated at 5/10 with Oswestry at 46%. The injured worker is awaiting authorization for Orthovisc injection and continuing Tylenol #3 every day, Tylenol extra strength 1 tablet every day, and Vistaril 25mg 2 tablets at bedtime. The clinical note indicates the medications decrease the injured worker's pain by 98% and allow for activities of daily living. The injured worker reports the left knee pain is constant with throbbing, aches, and is worse with walking. The injured worker also complains of joint pain and insomnia. There are no complaints of gastrointestinal (GI) upset with medication administration. The injured worker does have a previous history of GI upset with NSAIDs. Physical assessment revealed decreased left knee painful range of motion, mild swelling diffusely, and normal affect. The injured worker was recommended to hold Tylenol extra strength and continue use of Tylenol #3 as prescribed. The prior request for Tylenol #3 and Vistaril 25mg tablet #60 was non-certified on 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACETAMINOPHEN (APAP) Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The documentation indicates the injured worker receives 98% and improvement in activities of daily living with the use of medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Tylenol #3 is recommended as medically necessary at this time.

VISTARIL 25MG TABLET #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter (updated 01/07/14), Anxiety Medications in Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Anxiety Medications In Chronic Pain.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Vistaril is used to treat anxiety in chronic pain. However, there is no documentation of the injured worker complaining of symptoms of anxiety or of a diagnosis related to anxiety. As such, the request for Vistaril 25mg tablet #60 is not medically necessary.