MAXIMUS Federal Services

Case Number:	CM14-0125486		
Date Assigned:	08/11/2014	Date of Injury:	03/29/2011
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery 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 claimant is a 64-year-old gentleman injured on March 29, 2011. Since the date of injury, multiple orthopedic surgeries have been performed, including a right total hip arthroplasty in December 2011 and a right knee arthroscopy with lateral meniscectomy and plica excision in December 2013. The claimant is currently being treated for continued complaints of hip pain, knee pain and low back injury. The report of a clinical assessment dated June 23, 2014, records right hip pain and difficulty with walking but no indication of weakness or mechanical findings documented upon physical examination. The claimant was diagnosed with status-post total hip arthroplasty and plica excision, lumbar strain, sacroiliac joint sprain and a right ankle strain. No record of recent imaging was provided. The proposed treatment plan recommends ongoing medication management, including the continued use of Tylenol #3, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenot #3 300/30mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids-Criteria for Use, page 76-80 Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for continued use of Tylenol #3, a short-acting narcotic analgesic, in this case is not medically necessary. The claimant is several years removed from the date of injury with no documentation of recent significant change in symptoms or advancement of activities with the current medication regimen as necessary according to the Chronic Pain Guidelines. Therefore, based on the claimant's lack of documented benefit with this agent, the request for continued use of short-acting narcotic analgesics in the form of Tylenol with codeine is not medically supported. The request is not medically necessary and appropriate.