

Case Number:	CM14-0152124		
Date Assigned:	09/19/2014	Date of Injury:	12/01/1987
Decision Date:	11/25/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal 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 patient is an injured worker with the diagnoses of right knee osteoarthritis status post arthroscopy 1992. Date of injury was 12-01-1987. Past treatments include medications, aquatic physical therapy, right knee Synvisc injections, and Bionicare brace. The primary treating physician's progress report dated 3/17/14 documented subjective complaints of right knee symptoms. Objective findings were documented right knee tenderness and weakness and positive McMurray test. Diagnosis was osteoarthritis of the right knee status post arthroscopy 1992. The primary treating physician's progress report dated 4/17/14 documented subjective complaints of right knee pain. Objective findings were documented right knee weakness and positive McMurray test. Diagnosis was osteoarthritis of the right knee status post arthroscopy 1992. The patient was discharged to return as needed. Rehabilitation evaluation report dated 5/28/14 documented mild motor strength weakness and flexion 130 degrees. Tylenol #3 was prescribed on 3/7/14, 4/17/14, 6/6/14, and 8/14/14. Utilization review determination date was 9/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #300/30mg #60, 1 PO Q 12hrs PRN Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48; 346-347, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The diagnosis was right knee osteoarthritis status post arthroscopy in 1992. Date of injury was 12-01-1987. The latest available progress report submitted for review was dated 4/17/14. The progress report for August 2014 was not available for review. Without updated subjective complaints and objective findings, the prescription for Tylenol #3 with Codeine is not supported. Therefore, the request for Tylenol #300/30mg #60, 1 PO Q 12hrs PRN Pain is not medically necessary.