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| Case Number: | CM14-0208022 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 06/16/2004 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 6/16/2004. She was diagnosed with advanced stage osteoarthritis of the knee, lumbar strain, lumbar myofasciitis, and right knee sprain/strain. She was treated with medications (including Tylenol #3), chiropractic treatments, brace, surgery (knee, lumbar), physical therapy, Supartz injections, and work conditioning. On 10/16/14, the worker was seen by her primary treating physician reporting persistent and slightly worse significant pain in her left knee, making it difficult to get up off the chair or toilet. She reported taking Tylenol #3 and a cane. Physical examination revealed significant tenderness of the anterior patellofemoral articulation. She was then recommended to use Supartz injections for her knee arthritis as well as continue her Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using Tylenol #3 chronically for at least many months leading up to this request. In the documents provided for review, there was insufficient evidence suggesting the full above review was completed at the time of this renewal request. In particular, there was no evidence of any measurable functional improvements or measurable pain-reduction with the use of the Tylenol #3. Therefore, the Tylenol #3 will be considered medically unnecessary without evidence of benefit in the documentation. If discontinuing, weaning may be necessary.