

Case Number:	CM14-0042549		
Date Assigned:	06/30/2014	Date of Injury:	12/09/2001
Decision Date:	01/07/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of December 9, 2001. In a Utilization Review Report dated March 26, 2014, the claims administrator apparently partially approved a request for Tylenol, without refills, to force the attending provider to reevaluate the applicant to ensure that ongoing use of Tylenol was effective. The applicant had issues with severe knee degenerative disease, it was acknowledged, and did develop chronic renal insufficiency. The claims administrator's decision is based on March 3, 2014 progress note. In said March 3, 2014 progress note, the applicant reported ongoing complaints of knee pain. The applicant was apparently working despite ongoing complaints of knee pain. It was stated that the applicant had developed issues with renal insufficiency and had carried an operating diagnosis of severe degenerative arthritis of the left and right knees. The applicant was quite obese, standing 5 feet 4 inches tall, and weighing 208 pounds. X-rays, renal functional testing, and hepatic function testing were sought. The applicant stated that she had been asked to avoid NSAIDs by her primary care physician and wished to avoid using opioids on the grounds that she had developed itching with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen topic Page(s): 11.

Decision rationale: As noted on page 11 of the MTUS Chronic Pain Medical Treatment Guidelines, Tylenol or acetaminophen is recommended for treatment for chronic pain and for acute exacerbations of chronic pain. Page 11 of the MTUS Chronic Pain Medical Treatment Guidelines also states that Tylenol (acetaminophen) is recommended in the treatment of osteoarthritis, including osteoarthritis of the knee, the primary pain generator here. In this case, the applicant is apparently not a candidate for other treatments. The applicant had apparently developed issues with renal insufficiency, which effectively preclude provision of NSAIDs, and has apparently had difficulty tolerating opioids. Provision of Tylenol was, consequently, an appropriate choice. Therefore, the request is medically necessary.