

Case Number:	CM15-0136854		
Date Assigned:	07/24/2015	Date of Injury:	08/16/2001
Decision Date:	08/21/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64-year-old female sustained an industrial injury to the left knee and shoulder on 8/16/01. Magnetic resonance imaging left knee (8/14/14) showed recurrent tearing of the posterior horn of the medial meniscus, tricompartmental osteoarthritis and a moderate joint effusion. Previous treatment included left shoulder rotator cuff repair, left knee arthroscopy, physical therapy and medications. In an orthopedic spine surgery progress report dated 8/26/14, the injured worker complained of left knee pain rated 7/10 on the visual analog scale. The treatment plan included continuing with Tylenol #3. In an orthopedic spine surgery progress report dated 6/29/15, the injured worker complained of ongoing left knee pain rated 8/10 without medications and 4/10 with medications. Physical exam was remarkable for left knee with tenderness to palpation over the joint line and tibia with decreased range of motion and no evidence of instability. The injured worker walked with an antalgic gait using a single point cane. The treatment plan included a prescription for Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #90 plus 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2001 and continues to be treated for left knee pain. Medications are referenced as decreasing pain from 8/10 to 4/10. When seen, there was left knee medial joint line and proximal tibial tenderness with decreased range of motion. The claimant was noted to ambulate with a cane. Tylenol #3 was prescribed at a total MED (morphine equivalent dose) of less than 15 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.