

<b>Case Number:</b>	CM15-0142568		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/30/1997
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 30, 1997. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for Tylenol No. 3. The claims administrator referenced a June 18, 2015 RFA form and a June 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 12, 2015, Tylenol No. 3 was renewed. In an associated progress note of the same date, August 12, 2015, the applicant reported unchanged, 6-7/10 shoulder and knee pain complaints. The applicant was not working, it was acknowledged. The attending provider reported that the applicant's pain complaints were scored at 5/10 with medications versus 8-9/10 without medications. The applicant was using Tylenol No. 3, Cymbalta, Xanax, Ambien, and aspirin, it was reported. The attending provider stated, through pre-printed checkboxes, that the applicant's ability to sleep and perform unspecified home exercise had been ameliorated as a result of ongoing medication consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 300/30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant as off of work, it was acknowledged on August 12, 2015. While the treating provider did recount some reduction in pain scores reportedly affected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Tylenol No. 3 usage. The attending provider's commentary to the effect that the applicant's ability to perform home exercises as a result of ongoing medication consumption was neither quantified nor elaborated upon. Therefore, the request was not medically necessary.