MAXIMUS Federal Services

Case Number:	CM15-0162031		
Date Assigned:	08/28/2015	Date of Injury:	08/16/2001
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 injured worker is a 65 year old female, who sustained an industrial injury on 8-16-2001. The mechanism of injury is injury from slipping, twisting her knee. The current diagnoses are internal derangement of the left knee, status post arthroscopy X 2, status post left shoulder arthroscopy and rotator cuff repair, and left sacroiliac joint dysfunction. According to the progress report dated 7-27-2015, the injured worker complains of left shoulder and left knee pain. On a subjective pain scale, she rates her left knee pain 3 out 10 with medications and 8 out of 10 without. She rated her left shoulder pain 2 out of 10. The physical examination of the left knee reveals antalgic gait, tenderness over the medial joint line and proximal tibia, and restricted range of motion. The current medications are Tylenol # 3. There is documentation of ongoing treatment with Tylenol # 3 since at least 2-10-2015. Treatment to date has included medication management, x-rays, physical therapy, unloader brace, MRI studies, injection therapy, and surgical intervention. Work status is described as permanent and stationary. A request for Tylenol # 3 has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No 3 #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, Tylenol with Codeine (Tylenol #3) is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. Sixty (60) mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. In addition, the records do not establish that drug screening has been performed or that issues of abuse, addiction, or poor pain control have been addressed. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. The work status is described as “permanent and stationary", which implies a complete lack of functional improvement. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.