

Case Number:	CM15-0162602		
Date Assigned:	08/28/2015	Date of Injury:	03/14/2003
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 57 year old male, who sustained an industrial injury on March 14, 2003. Treatment to date has included psychiatric treatment, pain medication and assistive devices. Currently, the injured worker complains of continued moderate to severe pain in the bilateral knees. He reports difficulty with standing and walking and notes swelling in both legs below the knees. He reports moderate to severe pain in the low back with radiation of pain to the right lower extremity. The injured worker reports numbness and tingling in the right lower extremity and he notes that using Tylenol #4 partially decreases his symptoms. The symptoms in his leg are aggravated by prolonged standing, walking, and sitting, repetitive bending and twisting. He continues to have pain in his coccyx and pain in the right shoulder. On physical examination the injured worker has swelling and effusion in the right knee with tenderness to palpation over the medial joint line. His right knee range of motion is limited and he has a positive Apley compression test, McMurray test, patella grind test and quadriceps inhibition test. He has tenderness to palpation over the medial and lateral joint line of the left knee and his left knee range of motion is restricted. He has a positive Apley compression test, patella grind test and quadriceps inhibition test on the left knee. He has tenderness and swelling of the bilateral calves with mildly positive Homan's sign. He has decreased bilateral distal pulses. The lumbar spine is tenderness to palpation and he has limited lumbar range of motion in all planes. The injured worker has a decreased sensation in the right L5-S1 nerve root distribution. His right shoulder is tenderness to palpation and has a decreased range of motion. The diagnoses associated with the request include lumbar disc derangement, lumbar radiculopathy, bilateral knee pain, bilateral

knee chondromalacia, medial and lateral meniscus tear of the right knee, and right shoulder strain. The treatment plan includes Tylenol #4, venous studies, use of cane, psychological evaluation, and psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol/Codeine tab #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tylenol/Codeine tab #4, California Pain Medical Treatment Guidelines state that Codeine is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol/Codeine tab #4 is not medically necessary.