

<b>Case Number:</b>	CM15-0184243		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 58 year old male who sustained an industrial injury on 09-27-2013. Medical records indicated the worker was treated for knee pain in the right knee, and has a diagnosis of Chondromalacia of patella. MRI of the right knee (11-21-2013) shows no tear, and no marrow edema, but does show probable grade 2 chondromalacia. An orthopedic consultation (12-04-2014) indicates the worker is not a candidate for resurfacing arthroplasty or total knee at that time. In the examination of 08-20-2015, the worker complained of pain that was increasing, especially when standing. Effects from the steroid injections (x2 to the right knee) and viscosupplementation injections (x3 to the right knee) are wearing off. He has an orthopedic appointment scheduled. Medications include trazodone and Tylenol with codeine. The worker tried and failed use of Meloxicam as it increased his blood pressure without improving the pain. There is no quantitative or qualitative documentation of his pain intensity, frequency, and pain relief or change in function with and without medication. The last documented attempt to decrease pain medications is 02-18-2015 when the worker relates his knee is hurting more because he has not been taking his pain medication (Tylenol #3) in order to see how he felt. The treatment plan on 08-20-2015 included medications of Tylenol #3. He was advised to use the minimum effective dose. The worker is not yet maximal medical improvement, and remains temporarily totally disabled. He does participate in a home exercise program. A request for authorization was submitted for Tylenol-Codeine #3 300mg-30mg Tablet, Take 1 Tablet 3 Times a Day by Mouth as Needed for Pain, #90, Refills: 0. A utilization review decision 08-27-2015 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol-Codeine #3 300mg-30mg Tablet, Take 1 Tablet 3 Times A Day By Mouth As Needed For Pain, #90, Refills: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG ,Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of Tylenol #3 nor any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.