MAXIMUS Federal Services

Case Number:	CM15-0185068		
Date Assigned:	09/25/2015	Date of Injury:	03/28/1998
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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 55-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 28, 1998. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for Tylenol No. 4. The claims administrator referenced an August 10, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 10, 2015, the applicant reported ongoing complaints of left leg pain status post multiple knee and leg surgeries. The applicant was using Tylenol No. 4 for pain relief. The attending provider contended that Tylenol No. 4 was attenuating the applicant's pain complaints appropriately. The applicant was receiving marijuana and Celexa from other providers, it was reported. The applicant's work status was not explicitly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for Tylenol No. 4, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested for applicants who are engaged in evidence of illicit substance use. Here, the August 10, 2015 office visit was notable for commentary to the effect that the applicant was in fact concurrently using marijuana, i.e., an illicit substance. Discontinuation of opioid therapy with Tylenol No. 4, thus, seemingly represented a more appropriate option than continuation of the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.