

Case Number:	CM15-0187201		
Date Assigned:	09/29/2015	Date of Injury:	07/29/2011
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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
 Certification(s)/Specialty: Emergency 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 42 year old male who sustained an industrial injury on 7-29-11 when he stumbled on a ladder injuring his right knee. He is working. The medical records indicate that the injured worker is being treated for anterior cruciate ligament tear with medial meniscal tear with disuse atrophy ongoing in the right knee; persistent patellofemoral syndrome in the right knee; dyspepsia from medications. He currently (7-2-15) complains of ongoing right knee pain and instability with a pain level of 4 out of 10 with medication and 8-10 out of 10 without medication. He reports 50% decrease in pain level with medications and 50% improvement with activities of daily living. Because of the pain he tries to avoid prolonged standing, kneeling or squatting which aggravates his complaints and this was consistent from at least 5-20-14 through 7-2-15. On physical exam of the right knee there was a popping sensation on passive range of motion suggesting crepitus, painful patellar compression; active range of motion is limited. The pain level and symptoms were consistent from 11-13-14 through 7-2-15. He has been on Tylenol #3 since at least 4-7-15. Treatments to date include physical therapy; medications: Tylenol #3, naproxen, omeprazole, Norco, Dexilant; right knee brace. The request for authorization dated 7-6-15 was for Tylenol #3. On 9-11-15, Utilization Review, non-certified the request for Tylenol #3 #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No 3 with codeine #45: Overturned

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 for chronic pain, Opioids, dosing.

Decision rationale: The requested Tylenol No 3 with codeine #45 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has ongoing right knee pain and instability with a pain level of 4 out of 10 with medication and 8-10 out of 10 without medication. He reports 50% decrease in pain level with medications and 50% improvement with activities of daily living. Because of the pain he tries to avoid prolonged standing, kneeling or squatting which aggravates his complaints and this was consistent from at least 5-20-14 through 7-2-15. On physical exam of the right knee there was a popping sensation on passive range of motion suggesting crepitus, painful patellar compression; active range of motion is limited. The pain level and symptoms were consistent from 11-13-14 through 7-2-15. He has been on Tylenol #3 since at least 4-7-15. The treating physician has documented functional improvement from this low opiate load narcotic. The criteria noted above having been met Tylenol No 3 with codeine #45 is medically necessary.