

Case Number:	CM15-0196611		
Date Assigned:	10/12/2015	Date of Injury:	05/29/2001
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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 66-year-old male who sustained an industrial injury on 5-29-2001. Diagnoses have included internal knee derangement, chondromal patella: progressive left knee degenerative joint disease, bilateral knee pathology-disability and impairment, right knee treatment non-industrial, waddle gait, and plantar fasciitis. Documented treatment includes right and left knee total knee arthroscopies in 2007 and 2008, physical therapy noted to have decreased pain by 50 percent and improve activity, left knee brace, use of cane, shoe inserts, home exercise, and medication including Lidopatch, Tylenol No. 3, and Ibuprofen. On 9-16-2015 the progress report states that the injured worker has a "slightly wide based" gait, left knee 10 degrees and right 12 degrees range of motion, no swelling, and lateral displacement of 12 degrees. Pain rating is not stated. The treating physician's plan of care includes Tylenol No. 3, 60 count with 3 refills. This was modified on 9-25-2015 to 60 count but with no refills. Medical records provided to not specify how long the injured worker has been treated with Tylenol No.3, or response. It is noted that a narcotic and education compliance packet was provided, a urine drug screening was performed and "consistent for opiates," and CURES, and signed a medication agreement are referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #60 with 3 refills: Upheld

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

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

Decision rationale: The requested Tylenol #3, #60 with 3 refills, is not 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. The treating physician has documented that the injured worker has a "slightly wide based" gait, left knee 10 degrees and right 12 degrees range of motion, no swelling, and lateral displacement of 12 degrees. Pain rating is not stated. The treating physician's plan of care includes Tylenol No. 3, 60 count with 3 refills. This was modified on 9-25-2015 to 60 count but with no refills. Medical records provided to not specify how long the injured worker has been treated with Tylenol No.3, or response. It is noted that a narcotic and education compliance packet was provided, a urine drug screening was performed and "consistent for opiates," and CURES, and signed a medication agreement are referenced. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Tylenol #3, #60 with 3 refills is not medically necessary.