MAXIMUS Federal Services

Case Number:	CM15-0021170		
Date Assigned:	02/10/2015	Date of Injury:	05/27/2000
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 5/27/2000, while moving a patient. The diagnoses have included osteoarthrosis, unspecified whether generalized or localized, lower leg. Treatment to date has included conservative measures. Currently, the injured worker complains of chronic knee pain and limited motion of the left knee. Physical exam noted positive varus deformity, slight extension lag, trace effusion left knee, and mild tenderness at the medial joint. A request was made for Tylenol #3 (1 every 6 hours as needed), noting successful weaning from Hydrocodone. A previous PR2 report, dated 11/20/2014, noted moderate improvement in motion and function, along with decreased pain and swelling of the left knee, with first two Synvisc shots. Medications at that visit were documented as including Norco 7.5mg (1 every 6-8 hours) for breakthrough pain. On 1/22/2015, Utilization Review non-certified a prescription request for Tylenol #3, #100 with 1 refill, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #100 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was an insufficient documentation revealing this complete review. Also, the request to increase the amount of Tylenol #3 is confusing as the provider mentioned that there had been a successful weaning from hydrocodone. There is no warranting decreasing one opioid and decreasing another, as the Guidelines do not show preference of one over another, as the risks and benefits are similar between them. Therefore, the request for Tylenol #3 #100 with 1 refill will be considered medically unnecessary.