

Case Number:	CM15-0038264		
Date Assigned:	03/06/2015	Date of Injury:	10/31/2013
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California
 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 47-year-old male, who sustained an industrial injury on 10/31/2013. The diagnoses have included posterior horn tear, right lateral meniscus (status post knee arthroscopy 2/21/2014), and mild lateral patellar subluxation. Treatment to date has included injections, diagnostics, bracing, physical therapy, medications and modified activity. Currently, the IW complains of lateral pain in the right knee. He reports some relief with Euflexxa. He is doing home exercises and is better at tolerating stairs. Objective findings included right knee positive crepitus with slight tenderness laterally. Range of motion 0-120 and strength 5-. Ligament exam was stable. Patella appears stable, with good tracking. On 2/03/2015, Utilization Review non-certified a request for TENS unit (1 and modified a request for Tylenol with codeine #3 (45) noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 3/02/2015, the injured worker submitted an application for IMR for review of Tylenol with codeine #3 (45) and TENS unit (1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with with Codeine #3 QTY: 45.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Tylenol #3 is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol and NSADs in the past. Recent progress notes indicate improvement in the knee on Naproxen. Long-term use of opioids is not recommended and no one opioid is superior to another. There is also no indication of Tylenol (no codeine) failure. The use of Tylenol #3 is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had previously used an H-wave unit. It is unknown if a TENS unit was used in conjunction with it. The length of future TENS use was not specified. The request for a TENS unit is not substantiated and is not medically necessary.