

Case Number:	CM15-0041991		
Date Assigned:	03/12/2015	Date of Injury:	12/30/2013
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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:

This 47-year-old female sustained a work related injury on 12/30/2013. According to a progress report dated 12/08/2014 on the first page and 01/26/2015 on the following pages, the injured worker presented with complaints of right anterior knee, right posterior knee, right anterior leg, right shin, right ankle, right foot, right posterior leg and right calf pain. Pain was rated 7 on a scale of 1-10. At worst, pain was rated 8 and at best was a 6. The injured worker reported that she felt best with rest, pain medication and home exercise. Diagnoses included internal derangement right knee rule out tear, sprain/strain right ankle, status post right knee arthroscopy in April 2014 and altered gait. Other diagnoses included gastroesophageal reflux disease and constipation. According to the provider, the injured worker had chronic severe pain over 90 days and would require pain management for further treatment options. Care would be transferred to a pain management specialist. Recommendations included right knee arthroscopy, meniscus surgery, chondroplasty and synovial debridement. Tylenol #3 (with codeine) 300/30 by mouth every 8 hours as needed for severe pain # 60 was noted. The injured worker remained temporarily and totally disabled for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tylenol #30 (with codeine) 300/30 #60, 1 tablet by mouth every 8 hours as needed for severe pain, for the right knee, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 78 of 127.

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

Decision rationale: Tylenol with codeine (#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 Norco (another opioid) for over a year without significant pain response (average pain 7/10) or improvement in function (kneeling/bending makes her worse). The continued use of Tylenol #3 is not medically necessary.