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| Case Number: | CM15-0057888 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 07/12/2011 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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: Physical Medicine & Rehabilitation

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 59 year old female who sustained a work related injury on July 12, 2011, incurring lower back and lower extremity injuries. She was diagnosed with a right internal knee derangement, bilateral patellofemoral chondromalacia, lumbar spondylosis and lower left extremity radiculopathy. She underwent a left knee arthroscopic. Treatment included anti-inflammatory drugs, antidepressants, Transcutaneous Electrical Nerve Stimulation (TENS) unit, neuropathy medications, pain medication patches, home exercise program, and physical therapy. Currently the injured worker complained of persistent low back pain, left leg pain and bilateral knee pain. The treatment plan that was requested for authorization included a prescription for Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Opioids for chronic pain Page(s): 22; 80-81. Decision based on Non-MTUS Citation ACOEM Practice Guideline's Insight AKA APG Insights, Fall 2004 Winter 2005, page 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 02/13/15 progress report provided by treating physician, the patient presents with low back and knee pain rated 8/10. The request is for TYLENOL #3 QUANTITY: 90. Patient is status post left knee arthroscopic surgery in 2012. RFA dated 02/23/15 was provided. Patient's diagnosis on 02/13/15 included right knee internal derangement, bilateral patellofemoral chondromalacia, lumbar spondylolisthesis, and left lower extremity radiculopathy. Treatment to date included TENS unit, home exercise program, physical therapy, Synvisc injection to bilateral knees, and medications. Patient medications include Tylenol #3, Elavil, Cymbalta, Tramadol, Skelaxin, Celebrex, Lidoderm patch, and Voltaren gel. Patient is on home exercise program. The patient is temporarily totally disabled, per treater report dated 02/13/15. Per progress report dated 02/13/15, treater states "term of the opioid pain contract were reiterated." It is not known when Tylenol#3 was initiated. In this case, treater has not stated how Tylenol #3 reduces pain and significantly improves patient's activities of daily living. Treater has provided numerical scales, but no validated instruments were provided and analgesia was not properly addressed. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's etc. No UDSs, or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.