

Case Number:	CM14-0147403		
Date Assigned:	09/15/2014	Date of Injury:	08/07/2008
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 44-year-old male with an 8/7/08 date of injury, when he slipped and fell and injured his knees. The patient underwent left knee arthroscopy in July 2012 and right knee meniscal repair in 04/2013. The progress note dated 4/1/14 indicated that the patient was taking Voltaren gel, Tylenol with codeine and Norco. The patient was seen on 7/9/14 with complaints of clicking in the left knee, pain in bilateral knees, low back pain with radiation into both legs, worse on the left than on the right with associated numbness and tingling going into the feet. Exam findings of the knees revealed tenderness over medial joint line with minimal patellofemoral joint tenderness, crepitation with extension and patellar grinding. The patellar tracking was negative bilaterally and knee joint stability was normal bilaterally. There were negative anterior and posterior drawer testes, Lachman test and pivot shift test. McMurray test was positive for pain only. The diagnosis is knee pain, knee osteoarthritis, lateral meniscus tear and obesity. Radiographs of both knees dated 3/29/14 revealed: left knee demonstrated osteophytes and osteoarthritis and medial joint space narrowing; right knee demonstrated mild degenerative changes, mild medial joint space narrowing. Treatment to date: work restrictions, physical therapy, medications, Orthovisc injections, cortisone injections and home exercise program. An adverse determination was received on 8/22/14 given that there was no indication of the patient having any significant or severe objective findings that would be accounted for a pain condition requiring the ongoing opioid treatment. In addition, the long-term use of opioids for chronic pain including Tylenol with codeine was not supported in the guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol w/codeine 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen/APAP, Opiates Page(s): 11-12, 16-17 78-81.

Decision rationale: CA MTUS states that Acetaminophen is indicated for treatment of chronic pain & acute exacerbations of chronic pain. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress note dated 4/1/14 indicated that the patient was taking Voltaren gel, Tylenol with codeine and Norco. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, there is no rationale with regards to the long-term opioid treatment and it is not clear why the patient was using codeine and Norco together. Therefore, the request for Tylenol w/codeine 30 mg was not medically necessary.