

<b>Case Number:</b>	CM15-0006934		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/14/2000
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 51 year old female, who sustained an industrial injury on 8/14/2000. The diagnoses have included knee osteoarthritis and degenerative joint disease. Treatment to date has included bilateral total knee arthroplasties, multiple surgeries on the left knee and pain medications. According to an office visit dated 7/17/2014, the injured worker complained of knee pain equally on both sides. Swelling was greater on the left than the right. Physical exam revealed that the injured worker walked with a limp. She had active, painful range of motion of both knees. X-rays were taken of the bilateral knees that revealed good position with no wear/loosening. The physician ordered Tylenol-Codeine NO.3, 300-30mg, one to two tablets every six hours as needed. On 1/5/2015, Utilization Review (UR) non-certified a request for acetaminophen/codeine 300-30mg #120, noting that there was no current examination or rationale for the requested medication. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen/Codeine 300/30mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with bilateral knee pain. The treater is requesting ACETAMINOPHEN/CODEINE 300/30 MG QUANTITY 120. The RFA was not made available for review. The patient's date of injury is from 08/14/2000, and her current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed acetaminophen/codeine prior to 07/17/2014. The only report provided for review does not document before-and-after pain scales to show analgesia. No specific ADLs were discussed. No side effects and no aberrant drug-seeking behavior such as a urine drug screen or CURES report were noted. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.