

Case Number:	CM15-0015795		
Date Assigned:	02/03/2015	Date of Injury:	04/08/2011
Decision Date:	03/26/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 41 year old woman sustained an industrial injury on 4/8/2011. The mechanism of injury was not detailed. The current diagnosis is right knee infrapatellar tendonitis. Treatment has included oral medications, surgical intervention, physical therapy, home exercises, and ice. Physician notes dated 12/19/2014 show tender lateral knee joint line and an antalgic gait.

Recommendations include a referral to a doctor for evaluation and possible surgical intervention for the right lateral meniscus tear as well as initiation of Tylenol with Codeine, Naproxen, and Prilosec. On 1/2/2015, Utilization Review evaluated prescriptions for Tylenol with Codeine for pain #60 and Prilosec 20 mg as a gastrointestinal prophylaxis #30, that were submitted on 1/20/2015. The UR physician noted the medical records did not indicate that the worker failed trials of non-opioid analgesia. The medical records did not describe current gastrointestinal symptoms or treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #60, take 1 tablet every 12 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Pain, (Tylenol with Codeine®)

Decision rationale: MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. As such, the request for Tylenol with codeine QTY: 60 is not medically necessary.