

Case Number:	CM15-0112537		
Date Assigned:	06/19/2015	Date of Injury:	01/17/1998
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of January 17, 1998. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for Tylenol No. 3. The claims administrator referenced a May 22, 2015 RFA form and associated progress note of May 18, 2015 in its determination. The applicant's attorney subsequently appealed. On April 6, 2015, the applicant reported ongoing complaints of back, shoulder, and knee pain, exacerbated by standing and walking, 8/10. The applicant was asked to employ topical Pennsaid for pain relief. Tramadol and naproxen were discontinued owing to reported side effects. In a RFA form dated May 20, 2015, Tylenol No. 3 was endorsed. In an associated progress note dated May 18, 2015, the applicant reported 9/10 knee pain. Ancillary complaints of back and shoulder pain were reported. The applicant was not working, it was acknowledged. The applicant had comorbid hypertension and diabetes, it was noted. Tylenol No. 3 was endorsed on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

Decision rationale: Yes, the request for Tylenol with Codeine, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 83 of the MTUS Chronic Pain Medical Treatment Guidelines, weak opioids such as Tylenol with Codeine, the article at issue, are recommended on a trial basis for short-term use for arthritis after there has been evidence of failure of first-line treatment options, such as NSAIDs. Here, the attending provider did frame the request for Tylenol No. 3 as a first-time request for the same, initiated on May 18, 2015. The attending provider stated that numerous other treatment options, including topical Pennsaid, tramadol, naproxen, etc., had proven unsuccessful in ameliorating the applicant's issues with knee arthritis. A trial of Tylenol No. 3 was indicated on or around the date in question. Therefore, the first-time request for Tylenol No. 3 was medically necessary.