

Case Number:	CM15-0121528		
Date Assigned:	07/02/2015	Date of Injury:	07/29/2011
Decision Date:	09/01/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
 Certification(s)/Specialty: Emergency 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 injured worker is a 42 year old male, who sustained an industrial injury on 7/29/11. He reported pain in the right knee following missing a step on a ladder and falling. The injured worker was diagnosed as having history of (ACL) Anterior Cruciate Ligament tear with medial meniscal tear with disuse atrophy ongoing in right thigh and calf and patellofemoral syndrome and history of dyspepsia from medications prescribed. Treatment to date has included physical therapy, oral medications including Nucynta, Zipsor, Norco, Tylenol #3, Naprosyn and Omeprazole and home exercise program. Currently on 6/2/15, the injured worker complains of worsening knee pain, he notes he can hardly stand to walk on even or uneven ground. He rates the pain 4-8/10 with medications and 10/10 without medications. He reports 50% reduction in pain and 50% functional improvement with activities of daily living with medications. He is currently working. On 6/2/15, physical exam noted peripatellar swelling, painful patellar compression, crepitus on flexion and some valgus laxity in excess with stress testing. The treatment plan included resuming exercise regimen, wearing of knee brace while working and a request for authorization was submitted for Tylenol #3, Naprosyn and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tylenol No. 3 with Codeine #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This injured worker has continued knee pain. Tylenol #3 has been prescribed for at least two months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The treating physician notes an opioid contract is on file at his office and urine drug screens have been appropriate. He is currently working. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Documentation notes Tylenol #3 is for pain not relieved by over the counter Tylenol. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. As currently prescribed, Tylenol #3 does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.