

<b>Case Number:</b>	CM15-0171487		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/20/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 62 year old male who reported an industrial right knee injury on 9-20-2014. His diagnoses, and or impression, were noted to include: moderate-severe lumbar spine sprain-strain superimposed on advanced degenerative changes; clinical lumbosacral radiculopathy; right hip sprain-strain superimposed on severe degenerative osteoarthritis; and right knee sprain-strain superimposed on degenerative changes. The history noted the report of previous work-related injuries to his low back and right knee, in 2004, for which he fully recovered after less than 1 year of conservative treatment. No current imaging studies were noted. His treatments were noted to include: x-rays of the right knee on 9-23-2014; magnetic resonance imaging studies; 2 Cortisone injections to the right knee; epidural steroid injections to the low back; medication management; and rest from work. The comprehensive initial orthopedic evaluation notes of 7-28-2015 reported complaints which included: constant pain and stiffness to his low back that radiated into the buttocks and down the backs of his thighs, to the feet; numbness and tingling in the feet; constant pain and stiffness in his right hip; and of constant pain to his right knee that was with buckling, locking and weakness. The objective findings were noted to include: that his current medications did not include pain medications; the use of a single point cane; tenderness and spasms over the lumbar para-spinous region, with specific degrees in lumbar range-of-motion; positive bilateral straight leg raise in both sitting and supine positions; tenderness over the right greater trochanteric region and lateral aspect of the right hip joint, with specific degrees in range-of-motion; tenderness over the medial and lateral joint lines of the right knee that was with limited flexion and extension; positive McMurray's and

Apley's tests; decreased sensation in the bilateral lower extremities; and the review of, and findings of x-rays studies of the lumbar spine, right hip and right knee; all described with abnormal findings. The physician's requests for treatments were noted to include that he be started on a "course of conservative treatment consisting of symptomatic medications" and that "the patient has been provided prescriptions for these today", however no stated medications were noted. The Request for Authorization, dated 8-12-2015, was for Tylenol #3, 300-30 mg #160. The Utilization Review of 8-24-2015 non-certified the request for Tylenol 3, 300-30 mg #160.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol #3 300/30mg quantity 160: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in September 2014 and is being treated for low back and right hip and knee pain. He was seen for an initial orthopedic evaluation. He was having low back pain and stiffness with radiating symptoms and numbness and tingling and constant hip pain with stiffness and constant knee pain with buckling, locking, and weakness. There was lumbar, hip, and knee tenderness with decreased range of motion. There were lumbar muscle spasms. There was lateral and trochanteric hip tenderness and knee joint line tenderness. McMurray's testing was positive. Medications were prescribed. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, although it was being prescribed as part of the claimant's initial management, there was no documentation of baseline VAS pain scores or level of pain. Prescribing Tylenol #3 is not medically necessary.