

Case Number:	CM15-0175872		
Date Assigned:	09/17/2015	Date of Injury:	12/06/2014
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 12-06-2014. The injured worker is currently off work and temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right knee end stage arthritis, history of industrial right medial collateral ligament injury status post medial collateral ligament reconstruction, right knee arthrofibrosis, and left knee compensatory pain rule out meniscal tear. Treatment and diagnostics to date has included right knee surgery and medications. In a progress note dated 08-13-2015, the injured worker reported left knee pain rated 7 out of 10 and noted that "the patient does take Tramadol which was helping his pain from 7 out of 10 down to 3-4 out of 10" and has only been taking over the counter anti-inflammatories but they are not "sufficient for his pain as he does have end-stage osteoarthritis and is a surgical candidate for a total knee replacement". Objective findings included right knee tenderness over the medial joint line with 1+ swelling, positive patellofemoral grind, and worsening range of motion. The physician noted that "the patient is scheduled for right total knee arthroplasty on September 11, 2015". The Utilization Review with a decision date of 08-25-2015 denied the request for Acetaminophen-Codeine #3 300-30mg, Quantity: 90 for 22 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Codeine No. 3 300/30mg #90: Overturned

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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tylenol #3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on anti-inflammatories with insufficient pain control. The claimant was scheduled for knee surgery, which would result in even more pain. The Tylenol # 3 is within reason. The Tylenol # 3 is appropriate and medically necessary.