

Case Number:	CM15-0178559		
Date Assigned:	09/18/2015	Date of Injury:	01/11/2008
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/10/2015

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, 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:

This is a 47 year old male patient, who sustained an industrial injury on January 11, 2008. He sustained the injury due to tripped and fell on a piece of carpet. The diagnoses include low back pain, clinical consistent lumbar radiculopathy, status post lumbar discectomy, right knee pain and right knee degenerative joint disease. Per the doctor's note dated June 19, 2015 he had complaints of right knee and low back pain at a 6/10 and noted that his current medications were not helping for pain. He requested a stronger pain medication. The physical examination revealed spasms of the lumbar paraspinal muscles and stiffness over the lumbar spine, tenderness to palpation over the lumbar facet joints bilaterally and tenderness to palpation over the right knee joint line and dysesthesias noted to light touch in the right lateral thigh and the L5 dermatome. Per the doctor's note dated 8/3/2015, he had complaints of constant right knee pain with radiation of pain to the right leg; low back pain with radiation of pain to the right thigh. He reported that Tylenol #3 was not helping for his pain and he requested stronger pain medications. He reported that right knee joint injections helped him significantly. Patient discontinued gabapentin due to side effect of dryness of mouth. The physical examination revealed an antalgic gait on the right, tenderness to palpation in the right knee joint line, right knee extension: normal and flexion to 110 degrees, 4+/5 strength in the right knee on flexion and extension; spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine, lumbar spine range of motion- flexion to 35 degrees and extension less than 5 degrees associated with increased pain. The current medications list includes Tylenol #4 and ibuprofen. The patient has tried omeprazole, Tylenol #3 and gabapentin. He has had right knee MRI on 8/2/2013, 4/9/2010 and 3/20/2009; lumbar spine MRI dated 1/27/2014, 1/29/2009 and 5/16/2011; electrodiagnostic studies on 7/24/2009, 1/13/2011 and 9/17/2012; CT abdomen and pelvis on 6/26/2013. He has undergone lumbar discectomy and fusion at L5-S1 on 6/4/2012. He has had Synvisc injections to the right

knee, and anterior lumbar discectomy of L5-S1. He has had urine drug screen on 7/27/15 which was positive for opiate- codeine. Per the QME dated 7/27/2015, he is not reached at permanent and stationary status. He is not working and has been provided with permanent restrictions. A request for authorization for Tylenol #4 One Tablet Q 12 Hours Count #60 was received on August 14, 2015. On August 21, 2015, the Utilization Review physician determined Tylenol #4 One Tablet Q 12 Hours Count #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 one tablet PO Q 12 hours #60: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Tylenol #4 contains codeine and acetaminophen. Codeine is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." "The patient had right knee and low back pain at a 6/10 and noted that his current medications were not helping for pain. The patient has objective findings on the physical examination- spasms of the lumbar paraspinal muscles and stiffness over the lumbar spine, tenderness to palpation over the lumbar facet joints bilaterally and tenderness to palpation over the right knee joint line and dysesthesias noted to light touch in the right lateral thigh and the L5 dermatome. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. He has undergone lumbar surgery. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the over-all situation with regards to non-opioid means of pain control and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects....." The patient has tried Tylenol #3 and gabapentin without relief. The patient is also taking a non-opioid medication: ibuprofen. He has had urine drug screen on 7/27/15 which was positive for opiate- codeine. There was no evidence of aberrant behavior. Therefore, based on the clinical information obtained for this review the request for Tylenol #4 one tablet PO Q 12 hours #60 is deemed medically appropriate and necessary for this patient at this time for prn use.