

Case Number:	CM15-0028727		
Date Assigned:	02/20/2015	Date of Injury:	07/14/2012
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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, Illinois

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 injured worker was a 57 year old female, who sustained an industrial injury, July 14, 2012. According to progress note of January 19, 2015, the injured workers chief complaint was left hand and bilateral knee pain. The physical exam noted tenderness in the digits 3 and 4 of the left hand. The injured worker had bilateral knee tenderness with flexion of 0-90 degrees. The treatment plan stated the Tylenol #4 trial since the Norco was not helping. The injured worker was to return for a follow-up appointment in two weeks, for follow-up on new pain medication. The injured worker was diagnosed with left hand pain with third and fourth finger strain and bilateral patella femoral chondromalacia. The injured worker previously received the following treatments Norco for pain. January 19, 2015, the primary treating physician requested authorization for Tylenol #4 #60, changing from Norco. On January 26, 2015, the Utilization Review denied authorization for Tylenol #4 #60. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 no. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommendations of opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on July 14, 2012. The medical records provided indicate the diagnosis of left hand pain with third and fourth finger strain and bilateral patella femoral chondromalacia. Treatments have included Norco. The medical records provided for review do not indicate a medical necessity for Tylenol #4 no. 60. The medical records indicate the injured worker was being treated with Norco, but the Utilization Reviewer requested for information showing the treatment is following the guidelines recommended by the MTUS for Ongoing Opioid management, but the information has not been received. On a later date, the Provider noted the Norco was no longer effective, therefore requested to substitute it with Tylenol # 4(a different form of Acetaminophen Opioid combination). The requested treatment is not medically necessary and appropriate because the MTUS recommends discontinuation of opioid treatment if there is no improvement in pain and function. Also, the MTUS recommends that individuals on opioids be monitored for pain control, activities of daily living, adverse side effects, and aberrant drug taking behaviors, but the records reviewed do not indicate these are being monitored.