

Case Number:	CM15-0061290		
Date Assigned:	04/07/2015	Date of Injury:	04/25/2013
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old male who sustained an industrial injury to his right knee on April 25, 2013. The injured worker was diagnosed with internal derangement right knee and meniscus tear. The injured worker is status post right lateral meniscus repair on December 9, 2014. Treatment to date included diagnostic testing, surgery, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medication. According to the latest primary treating physician's progress report in this review on December 8, 2014, the injured worker had no new complaints and was scheduled for surgery the next day. There were no post-surgical physician reports noted. An initial physical therapy review on January 13, 2015 demonstrated tenderness to palpation with residual pain and decreased range of motion of the right knee. Current medications are listed as Relafen and Tylenol #3. Treatment plan consists of transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program, surgical intervention and the request for medication renewal of Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, fifty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337 - 338, 346.

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Tylenol #3, fifty count. The treating physician report dated 4/2/15 (149B) states, "Medications: Relafen and T#3. Continue use of TENS unit and medications." No further rationale was provided by the physician for the current request. The MTUS guidelines have the following regarding initiating opioid therapy and on-going management: On going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. Also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The MTUS guidelines go on to state, "Recommended Frequency of Visits While in the Trial Phase (first 6 months): (a) Every 2 weeks for the first 2 to 4 months." The patient underwent surgery of the right knee on 12/9/14. It is unclear exactly how long the patient has been taking Tylenol #3. The most current report is dated 4/2/15 and lists T#3 as a current medication but the most recent progress report before that visit was dated 12/8/14 and T#3 was not listed. The report dated 4/2/15 notes the patient's pain level is a 5/10 while on current medication. No adverse effects or adverse behaviors were discussed by the patient. The report further notes that the patient is to remain off of work. There is no evidence provided that shows the physician has a signed pain agreement or cures report on file, nor is there any evidence that a UDS was performed. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The current request does not satisfy the MTUS guidelines as outlined on pages 74-96. Recommendation is for denial and slow weaning per the MTUS guidelines.