

Case Number:	CM15-0066610		
Date Assigned:	04/14/2015	Date of Injury:	06/24/2009
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 is a 67 year old male, who sustained an industrial injury on 6/24/09. He reported pain in the left knee. The injured worker was diagnosed as having left knee derangement, medial meniscus tear and left knee replacement. Treatment to date has included Synvisc injections and pain medications. As of the PR2 dated 3/3/15, the injured worker reports left knee pain. He takes Tylenol #4 for pain relief. The treating physician requested to continue Tylenol #4 300/60mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 300/60mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81, 92.

Decision rationale: The injured worker sustained a work related injury on 6/24/09. The medical records provided indicate the diagnosis of left knee derangement, medial meniscus tear and left

knee replacement. Treatment to date has included Synvisc injections and pain medications. The medical records provided for review do not indicate a medical necessity for Tylenol #4 300/60mg, QTY: 60. Tylenol #4 contains 600 mg acetaminophen (Tylenol) to 60 mg Codeine (an opioid). It is used in the treatment of mild to moderate pain. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using opioids since 09/2014 without overall improvement. The injured worker is not properly monitored for pain control, adverse effects, aberrant behavior, and activities of daily living.