

Case Number:	CM15-0068584		
Date Assigned:	04/16/2015	Date of Injury:	12/23/2013
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 was a 55 year old male, who sustained an industrial injury, December 23, 2013. The injured worker previously received the following treatments right knee brace, Tylenol with codeine, 23 physical therapy sessions and acupuncture. The injured worker was diagnosed with medical torn meniscus and ankle sprain/strain. According to progress note of March 13, 2015, the injured workers chief complaint was right knee pain. The physical exam noted the injured worker walked with a limp. There was an abrasion over the patella from the knee brace. There was no effusion noted. The treatment plan included a prescription for Tylenol with Codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 w/codeine #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Codeine 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 Norco and Vicodin for over a year. Long-term use of opioids is not indicated for knee pain. There was no mention of Tylenol failure alone. Functional improvement and pain scores were not noted. The Tylenol with codeine is not medically necessary.