

Case Number:	CM15-0070209		
Date Assigned:	04/17/2015	Date of Injury:	12/30/2002
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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: California

Certification(s)/Specialty: Internal 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 68 year old male who sustained an industrial injury on 12/20/02 when he stepped over a cart while carrying a box and twisted his left knee and immediately felt a twinge. Since that time he has had ongoing problems with the left knee. He had left knee MRI (2/26/03); surgery for medial meniscus tear of the left knee (5/23/03); left knee MRI 2/9/04). He currently complains of achy left knee with occasional locking. Medication is Tylenol #3. Diagnoses include status post partial medial meniscectomy. Treatments to date include medications. In the progress note dated 3/9/15 the treating provider's plan of care requests Tylenol #3 to use as needed for knee pain. He is unable to take Motrin due to ulcers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, QTY: 450: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures; Opioids for chronic pain Page(s): 48, 80-81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. 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. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for knee conditions. The progress report dated 3/9/15 documented a history of knee surgery. Physical examination demonstrated no tenderness. There was no tenderness over the joint lines of the left knee. There was no swelling. Motor strength was 5/5. There was no instability. There was mild crepitus. The date on injury was 12-30-2002. Tylenol #3 with Codeine #450 was requested. Per MTUS, frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. The request for 450 tablets of Tylenol #3 with Codeine is not supported by MTUS guidelines. No tenderness was documented on the 3/9/15 physical examination. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for knee conditions. The request for Tylenol #3 with Codeine #450 is not supported by MTUS guidelines. Therefore, the request for Tylenol #3 with Codeine #450 is not medically necessary.