

Case Number:	CM15-0071175		
Date Assigned:	04/21/2015	Date of Injury:	05/26/2004
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 63-year-old female, who sustained an industrial injury on 05/26/2004. The injured worker is currently diagnosed as having lumbar spine sprain/strain, right hip pain, right knee pain, and grade II L5-S1 spondylolisthesis. Treatment and diagnostics to date has included right knee surgery, physical therapy, and medications. In a progress note dated 01/29/2015, the injured worker presented with complaints of right knee, right hip, and low back pain. The treating physician reported requesting authorization for Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine), Criteria for opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: Based on the 1/29/15 progress report provided by the treating physician, this patient presents with right knee pain, right hip pain, and low back pain with overall pain rated 5-

6/10 without medications and 1-2/10 with medications. The treater has asked for TYLENOL NO. 3 #60 on 1/29/15. The patient's diagnoses per request for authorization form dated 3/13/15 are L/S strain/sprain, right hip pain, right knee pain, and Grade 1 L5-S1 spondylolisthesis. The patient ambulates with a cane per 1/29/15 report. Another physician has advised the patient that her hip surgery should be done prior to her right knee surgery, and the patient is also being told to lose weight prior to the surgery per 1/29/15 report. The patient is taking Celebrex and Tylenol #3 as of 1/29/15 report. The patient is to return to regular work as of 1/29/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The prescription for Tylenol has been prescribed since at least 8/8/14 report, and also including the 9/25/14 report and requesting 1/29/15 report. Per the guidelines, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, review of the most recent medical records provided does not indicate how Tylenol reduces pain and significantly improves patient's activities of daily living. The 4A's are not specifically addressed; there are no discussions regarding functional improvements, aberrant drug behavior, ADL's or pain scales or validated instruments that address analgesia. There are no discussions regarding opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.