

Case Number:	CM15-0071458		
Date Assigned:	04/21/2015	Date of Injury:	10/01/2013
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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, New York, California
 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 applicant is a represented 42-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 1, 2013. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for Tylenol No. 3. A March 19, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On December 26, 2014, the applicant was given a refill of Norco. The applicant was placed off of work, on total temporary disability. On March 17, 2015, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy. The applicant had lost 50 pounds, it was incidentally noted. A left knee arthroscopy was proposed. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. Medication selection and medication efficacy were not detailed, however. In an earlier note dated February 17, 2015, the applicant was given prescriptions for oral ketoprofen and Prilosec. On January 9, 2015, the applicant was given prescriptions for Norco and tramadol owing to ongoing complaints of knee pain. In another section of the note, it was stated that the applicant was using Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, tab 300-30mg #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: No, the request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider had seemingly furnished the applicant with prescriptions for at least four different short-acting opioids, tramadol, Ultracet, Norco, and Tylenol No. 3. No clear or compelling rationale for usage of so many different short-acting opioids was furnished. It was further noted that multiple progress notes, referenced above, contained no mention or explicit references to the applicant's using Tylenol No. 3. Therefore, the request is not medically necessary.