

Case Number:	CM15-0076199		
Date Assigned:	04/27/2015	Date of Injury:	01/18/2013
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/21/2015

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, Pain Management

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 47-year-old male, who sustained an industrial injury on January 18, 2013, incurring left knee and right wrist injuries after a slip and fall. He was diagnosed with a right wrist fracture and a left knee contusion. Magnetic resonance imaging revealed an internal derangement of the left knee and possible meniscal tear. Treatment included anti-inflammatory drugs, right wrist surgery, splinting and physical therapy. Currently, the injured worker complained of ongoing pain in the left knee. The treatment plan that was requested for authorization included prescriptions for Norco and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 30/325 #25 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46, 47.

Decision rationale: Regarding the request for Tylenol #3, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, it appears that the request is for postoperative use after a pending knee surgery. However, Norco has been certified and the use of both medications concurrently would be redundant. In light of the above, the currently requested Tylenol #3 is not medically necessary.