

Case Number:	CM13-0045910		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2009
Decision Date:	07/08/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year-old female who reported the gradual onset of neck, shoulder, and upper extremity pain attributed to usual office work, with a date of injury listed as 9/23/09. She has been diagnosed with radiculopathy, tendinosis, and degenerative disc disease. Treatment has included physical therapy, medications, and epidural injections. Reports during 2013 show ongoing use of Ultram and Tylenol #3, and "temporarily totally disabled" work status. On 10/9/13 the treating surgeon noted ongoing signs and symptoms, unspecified benefit from medications, and a need for cervical spine surgery. There was no discussion of the specific results of using medications. On 10/23/13 the treating physician noted ongoing neck and shoulder pain, and palpitations with Tylenol #3. Note was made of a recommendation for surgery. Tylenol #3 was stopped and Norco was started. Work status was "temporarily totally disabled". On 10/29/13 Utilization Review non-certified Tylenol #3, noting the lack of benefit and the recommendations of the MTUS. This decision was appealed for an Independent Medical Review, with the appeal listed as "Tylenol #3".

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mechanical and compressive etiologies.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The prescribing physician describes this patient as TTD, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The request to Independent Medical Review is for an unspecified quantity and duration of Tylenol #3. Potentially unlimited quantities of opioids are not medically necessary or indicated, as opioids require regular prescriptions, close monitoring, and time limited goals. Tylenol #3 was stopped on 10/23/13 due to side effects, making ongoing use a moot point. Based on the failure of prescribing per the MTUS, the lack of specific functional benefit, potentially unlimited quantities, side effects, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS, Tylenol #3 is not medically necessary.