

<b>Case Number:</b>	CM13-0067532		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 50-year-old male who reported an injury on 01/24/2002 after a trip and fall that reportedly caused injury to his low back and right ankle. The injured worker's treatment history included physical therapy, multiple medications, a spinal cord stimulator, and cognitive behavioral therapy. The injured worker was evaluated on 09/12/2013. It was documented that the injured worker had cervical spine pain and restricted range of motion. It was also documented that the injured worker had bilateral shoulder pain with crepitus and tenderness to palpation. It was also noted that the injured worker had bilateral wrist pain with restricted range of motion. The injured worker's diagnoses included status post bilateral carpal tunnel release and De Quervain's release, status post right ankle surgery, and complex regional pain syndrome. The injured worker's treatment plan included continuation of medications to include Tylenol No. 4, Neurontin, and Zanaflex. A request for authorization for continuation of medications and a cervical spine pillow was submitted for review. However, there was no clinical evaluation submitted for that day to support the request. A report of appeal dated 01/16/2014 documented that the request for the cervical pillow was provided to provide support to the injured worker's cervical spine to reduce pain while sleeping. Additionally, it was documented that the injured worker had a reduction in pain from 8/10 to 9/10 to 6/10 increased the injured worker's ability to participate in activities of daily living and to walk for short distances. The clinical documentation does indicate that there was a chart note from 10/31/2013. However, as previously stated, this was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) CERVICAL PILLOW (RFA: 10/31/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines, Treatment Index, 6th Edition (web), 2008, Neck and Upper Back (Acute & Chronic), Cervical Thoracic-Pillow.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Pillow

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines state that a cervical pillow is appropriate for injured workers who have pain disrupting sleep patterns in conjunction with physical activity. The clinical documentation submitted for review does not indicate that the injured worker is currently participating in any type of active therapy such as an independent home exercise program. Although it is noted that the injured worker does have cervical spine pain and would benefit from the support of a cervical pillow, in the absence of any active therapy this treatment would not be appropriate. As such, the requested One (1) Cervical Pillow (RFA: 10/31/2013) is not medically necessary or appropriate.

**TYLENOL #4 (TYLENOL WITH CODEINE), #90,: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the ongoing use of medications be supported by documentation of functional benefit, a quantitative assessment of pain relief, increased functional capabilities, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has a reduction of pain that allows the injured worker to participate in activities of daily living and walk for short distances. Also, it is noted within the documentation that the injured worker is regularly monitored for aberrant behavior with urine drug screens. Therefore, the use of this medication would be appropriate for this patient. However, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Tylenol #4 (Tylenol with Codeine), #90 is not medically necessary or appropriate.