

<b>Case Number:</b>	CM13-0072339		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/07/1997
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 69 year old female who reported an injury on 02/07/1997 of unknown mechanism. In the clinical note dated 10/29/2013, the injured worker was in for an orthopedic follow-up exam in which she complained of moderate pain in her neck as well as severe low back pain which radiated. She stated she had no improvement of her symptoms and that therapy was not working. In the physical exam of her cervical and lumbar spine it was noted that she had palpable tenderness with evidence of muscle spasms and decreased range of motion. The injured worker was given an injection of Toradol 50mg and vitamin B-12 intramuscularly during this clinical visit. It was noted that the injured worker stated that she was unable to use any codeine containing products because it caused her to experience severe nausea. The discussion of the treatment plan included the injured worker's problem with drug dependency and psychological dependence on pain medications and a referral was made for drug dependency treatment. A request for an open MRI for the cervical and lumbar spine was made along with the prescriptions for Xanax, Skelaxin, Nexium, and Tylenol #4. The injured worker was to return for reexamination in 4 -6 weeks. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) PRESCRIPTION OF TYLENOL #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 35,92.

**Decision rationale:** The California MTUS guidelines state Tylenol #4 (Tylenol with codeine) is recommended as an option for mild to moderate pain. The guidelines also state that Tylenol #4 can cause tolerance, as well as psychological and physical dependence. In the clinical notes, it was documented that the injured worker has developed drug dependency, but the dosage of the medication was unclear. It was unclear if the medication was being weaned/titrated. In this case, it was also documented in the clinical notes that the injured worker had no improvement of their symptoms while on Tylenol #4 and that the patient was unable to use any codeine containing products because they made her nauseous. Therefore, the request for one prescription of Tylenol #4 is non-certified.

**ONE (1) CONSULTATION AND TREATMENT FOR DRUG DETOX PROGRAM:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

**Decision rationale:** The California MTUS guidelines state that the detoxification is defined as withdrawing a person from a specific psychoactive substance and it does not imply a diagnosis of addiction, abuse or misuse. Detoxification may be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. In the clinical notes, it was stated that the injured worker no longer was responding to the prescribed medication and that codeine made the patient nauseated but it was not documented if weaning or titrating had been tried. The guidelines recommend gradual weaning. It was unclear if the injured worker had refractory comorbid psychiatric illnesses. Therefore, the request for one consultation and treatment for drug detox program is not medically necessary and appropriate.