

Case Number:	CM14-0005282		
Date Assigned:	01/24/2014	Date of Injury:	08/09/2010
Decision Date:	09/26/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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 Preventive 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:

According to the records made available for review, this is a 39-year-old female with a 8/9/10 date of injury, and status post anterior cervical discectomy and fusion 10/1/12. At the time (12/20/13) of the Decision for Tylenol #4 #60, there is documentation of subjective (moderate pain in neck, left shoulder/arm, and left elbow/forearm, and moderate pain with numbness in bilateral wrists/hands) and objective (tenderness to palpation over cervical paraspinal muscles with restricted range of motion, tenderness to palpation of left shoulder, left arm/elbow/forearm, and bilateral wrist/hands) findings, diagnoses (cervical spine sprain/strain, cervical spine canal narrowing, status post cervical spine surgery on 10/1/12, left shoulder sprain/strain, left elbow sprain/strain, bilateral wrist sprain/strain, bilateral carpal tunnel syndrome per nerve conduction velocity study on 3/11/11, and sleep disturbance secondary to pain), and treatment to date (medications (including ongoing treatment with Tylenol #4, Clinoril, Cyclobenzaprine, and Tizanidine) and physical therapy). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tylenol #4 use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TYLENOL 4 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervical spine canal narrowing, status post cervical spine surgery on 10/1/12, left shoulder sprain/strain, left elbow sprain/strain, bilateral wrist sprain/strain, bilateral carpal tunnel syndrome per nerve conduction velocity study on 3/11/11, and sleep disturbance secondary to pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Tylenol #4, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tylenol #4 use to date. Therefore, based on guidelines and a review of the evidence, the request for Tylenol #4 #60 is not medically necessary.