

Case Number:	CM14-0101520		
Date Assigned:	07/30/2014	Date of Injury:	09/14/2007
Decision Date:	09/11/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 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:

Injured worker is a male with date of injury 9/14/2007. Per primary treating physician's progress report dated 5/21/2014, the injured worker presents for follow up of his work related injury regarding bilateral ears, face, neck, bilateral shoulders, bilateral knee, bilateral ankles, psychiatric, sleep and sexual dysfunction issues. He complains of aching and burning pain in the neck that he rates as 6-8/10 on the pain scale, depending upon activities or whether he avoids any lifting. He complains of aching pain in the bilateral shoulders, bilateral elbows, bilateral wrists, in the back, the right thigh and bilateral knees. He also complains of aching pain in the bilateral ankles with numbness and pins and needle like sensation. He also complains of aching and burning pain with pins and needle like sensation in the head. The only pain medication he takes is Tylenol with Codeine, an average of three a day, and sleeping pills. He feels that three Tylenol with Codeine a day does control his pain. He is not working. On examination he is in no acute distress. He has a slightly antalgic gait. He does not have bad balance, although he does rely upon use of a cane. Cervical flexion is 30 degrees with discomfort. Extension is 20 degrees with significant paracervical discomfort. There is inhibition of rotation to the right and left to only 20 degrees. Scapular retraction is limited and produces rhomboid pain. Full shoulder motion is accompanied by trapezius tenderness and pain. The lumbar spine has tenderness from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature is slightly tight bilaterally. The buttocks are tender. He is unable to fully squat due to pain. There is some tenderness on stress of the pelvis, which indicates mild sacroiliac joint symptomatology. Flexion is 20 degrees; extension of 15 degrees, tilt to the right and left is 15 degrees. Patellar tracking is abnormal bilaterally. Patellar grind maneuver is positive. A urine specimen was obtained to monitor medication use. Diagnoses include 1) bilateral knee tendinopathy and chondromalacia

with early arthritis 2) multilevel cervical and lumbar discopathy 3) chronic pain syndrome 4) glaucoma 5) treated prostate cancer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 q-8h #60 refills 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ; Codeine; MTUS : Ongoing Management of Opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): page(s) 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. The request for Tylenol No. 3 q-8h #60 refills is determined to be medically necessary.