

<b>Case Number:</b>	CM14-0136500		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 35-year-old male with a date of injury of 07/12/2012. The listed diagnoses per [REDACTED] are: Contusion of face, neck, and scalp; Contusion of back; Contusion of shoulder, tendonitis; Myofascial pain; Left wrist pain. According to progress report 07/22/2014, the patient presents with low back pain. Objective findings included palpatory tenderness, normal gait, alert and oriented, and normal skin examination. Treatment history has consisted of medications, home exercise program, physical therapy, chiropractic care, and acupuncture. Patient reports continued pain rated as 8/10. The medical file provided for review includes this 1 progress report. The treating physician is requesting a refill of Tylenol No. 3 30 mg #60 with 1 refills and Relafen #30 with 1 refill. Utilization review modified the certification for Tylenol and denied the request for Relafen on 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3, 30mg, QTY: 60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89, 78.

**Decision rationale:** This patient presents with low back pain. The treating physician is requesting a refill of Tylenol No. 3 30 mg #60 with 1 refill. The treating physician states the patient is pursuing surgical consultation for his orthopedic complaints and he is recommending continuation of Tylenol No. 3 on a short term basis to sustain the patient until further treatment options can be explored. Utilization review modified the certification from the requested #60 with 1 refill to #60 only with the 1 refill not certified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician provides no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, recommendation is that the request is not medically necessary.

**Relafen QTY: 30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation Relafen Package Insert.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61; 22; 67, 68.

**Decision rationale:** This patient presents with low back pain. The treating physician is requesting a refill of Relafen #30 with 1 refill. The MTUS Guidelines page 22 supports the use of NSAID for chronic low back pain as a first-line of treatment. Review of the medical file does not indicate when the patient was initially started on this medication. However, review of the utilization report indicates the patient has taken this medication on a long term basis. UR denied the request for this refill stating "patient has history of gastritis, bleeding, and enema which would not make him a good candidate for prescription of NSAID." In this case, the treating physician does not provide any discussion regarding this medication's efficacy or functional improvement while taking this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is that the request is not medically necessary.