

Case Number:	CM14-0153256		
Date Assigned:	09/23/2014	Date of Injury:	12/15/1993
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 57-year-old female who sustained an injury on 12/15/93. On 8/28/14 she presented with complaints of pain in the lower back; pain was constant, stabbing, intermittent, and also she had cramping, muscle tightness and muscle spasms. The pain radiated to the bilateral lower extremity, neck and head and was rated at 9/10. On exam there was decreased sensation to touch of the left foot, weakness of right L5-S1, poor toe patting/heel raising, 1+ to 2+ spasm lumbosacral progressive back and LE pain, worsening of radicular symptoms, and weakness throughout L4-S1. MRI of the lumbar spine revealed right foraminal narrowing which was severe at L3-4, L4-5, and moderate at L5-S1 and severe left foraminal narrowing at L5-S1. EMG studies from 5/6/14 suggested abnormalities involving the bilateral (right greater than left) fourth and fifth lumbar nerve roots and the bilateral first sacral nerve roots all likely chronic in nature with bilateral lower extremity sensory polyneuropathy. Her current medications include Tylenol #3, soma, Norvasc, Plavix simvastatin, lisinopril, aspirin, and metoprolol tartrate. It was indicated that Tylenol #3 has been somewhat effective at managing her pain and she denies any adverse reactions. Her diagnoses includes acute gastritis without mention of hemorrhage; degeneration lumbar/lumbosacral intervertebral disc, degeneration intervertebral disc; depressive disorder, displacement of lumbar intervertebral disc w/o myelopathy, insomnia, lumbosacral spondylosis w/o myelopathy, opioid type dependence, other bursitis disorders, other symptoms referable to back, thoracic/lumbosacral neuritis/radiculitis. The request for 1 prescription for Tylenol No.3 #90 was modified to 1 prescription for Tylenol No.3 #54, and 1 prescription for Diclofenac 50mg #60 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for tylenol No.3 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

Decision rationale: Per CA MTUS guidelines, Tylenol # 3 (Tylenol with Codeine) is classified as schedule III. Codeine is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as acetaminophen. The pain is rated 9/10 and there is no significant improvement in pain level (i.e. VAS) and function with continuous use of this medication. There is no documentation of drug urine screen to monitor compliance. Therefore, the medical necessity of Tylenol # 3 has not been established per guidelines.

1 prescription for Diclofenac 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): , 71, 111.

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" such as Diclofenac are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. Additionally, she is noted to have had gastritis. The records also show that the IW is taking Plavix and ASA. In this situation, discontinuation of NSAIDs should be considered. As such, the medical necessity for Diclofenac 50mg #60 has not been established.