

Case Number:	CM14-0172669		
Date Assigned:	10/23/2014	Date of Injury:	01/13/1988
Decision Date:	12/02/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 57 year old female with an injury date of 01/13/88. The 09/29/14 report states the patient presents with chronic bilateral lower back pain with radiation to both lower extremities to the heels. Pain is constant with variable intensity and present pain is rated 8/10. The patient also presents with lower back stiffness and spasm with loss of motor control of the lower extremities in that the right leg gives out at times causing the patient to fall. Interference with sleep due to pain is also noted. The reports do not state if the patient is working. Examination reports no significant defect and states regarding pain behaviors, "...within expected context of disease." The patient's diagnoses include: Lumbar post-laminectomy syndromeChronic pain syndromeLumbosacral neuritisPhysical therapy reports from 08/06/14 to 08/27/14 are provided. Medications are listed as Advil, Lipitor, Percocet, Tylenol #3, and Xanax. The utilization review being challenged is dated 10/09/14. The rationale is that there is high pain level on recent exam and no urine drug screen (UDS). The request for #60 with 2 refills is modified to #7 with no refills. Reports were provided from 06/27/14 to 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3 300mg/30mg tablets #60 and 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with variable lower back pain with radiation to both lower extremities to the heels along with stiffness and spasm with loss of motor control in the right lower extremity. The treater requests for Tylenol with Codeine #3 300 mg/30 mg tablets #60 and 2 refills. The reports provided indicate the patient has been taking this medication since before 09/30/13. 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, activities of daily livings (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." On 09/29/14 the treater states the patient relies on medications to maintain her level of function and do her home exercise program. She takes the requested medication daily along with Percocet for more severe pain. The report further states pain continues to be significant and has not been in remission for 3-6 months. In this case, treatment reports are provided for only two dates. Only the 09/29/14 report shows use of a pain scale for current pain at 8/10. The reports do mention the patient's home exercise program but does not go into any specifics. There is no other specific ADL's documented showing significant change due to the use of opiate. Opiate management issues are partially discussed on 09/29/14 when it is noted the patient states she has no aberrant drug related behaviors. There is no discussion of side effects and no urine toxicology reports provided or discussed. No outcome measures are documented as required by MTUS. In this case, there is not sufficient documentation to support long term opioid use as required by MTUS. The request is not medically necessary.