

Case Number:	CM14-0025791		
Date Assigned:	06/13/2014	Date of Injury:	03/20/2010
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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 Texas. 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 54-year-old female who was injured on 03/20/10, due to an undisclosed mechanism of injury. The current diagnoses include back pain secondary to cervical spine degenerative disc disease, cervical spine spondylosis, cervical spinal stenosis, cervical paraspinal muscle and upper trapezius muscle spasm, and right shoulder impingement syndrome. Clinical note dated 01/16/14, indicates that the injured worker presented complaining of neck pain radiating to bilateral upper extremities, right greater than left. The injured worker received authorization for cervical epidural steroid injection and was scheduled for 01/20/14. A translaminar epidural steroid injection at C4-C5, C5-C6, and C6-C7 was performed on 02/10/14. The clinical note dated 03/27/14 indicated that the injured worker presented with continued complaints of neck pain radiating to bilateral upper extremities with approximately 50% improvement following injection for approximately one (1) week. Physical assessment revealed tenderness to palpation on posterior paracervical muscles, positive Spurling test on right, and axial loading positive to the cervical spine. The treatment plan included a request to refill Tylenol #3 twice a day, compounded topical analgesic, gabapentin 600mg three (3) times a day, Baclofen three (3) times a day, omeprazole 10mg every day, and additional epidural steroid injection. An initial request for Tylenol #3 #60 was initially non-certified 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The Chronic Pain Guidelines indicate that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tylenol #3 #60 cannot be established at this time. The request is not medically necessary.