

Case Number:	CM14-0056796		
Date Assigned:	07/09/2014	Date of Injury:	05/21/1997
Decision Date:	09/09/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 1997. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated April 17, 2014, the claims administrator apparently denied a request for Tylenol with Codeine. Little or no patient-specific information was provided. The claims administrator simply stated that prolonged exposure to acetaminophen was inadvisable. The claims administrator did not state whether or not the patient was in fact improving or not with the medication in question. In an appeal letter dated May 5, 2014, the patient's treating provider noted that the patient had persistent complaints of chronic, intractable low back pain. The patient rated her pain at 9/10, worsened since the last visit, exacerbated by sitting, standing, lifting, carrying, pushing, pulling, and walking. It was stated that, at times, the patient had issues with insomnia secondary to pain. The patient stated that her sitting, standing, and walking tolerance was somewhat improved with opioid therapy. The patient's work status was not furnished. In an earlier progress note of January 3, 2013, it was stated that the patient had retired from her former employment and was no longer working. The patient was still smoking half pack a day as of that point in time, it was noted. The patient again reported 9/10 pain, on average and, at times, 10/10 pain. The patient stated that she can only walk two blocks before she had to stop secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol-Codeine #3 300 mg tablets #90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the patient is off of work, although this appears to be a function of age as opposed to be industrial injury per se. However, the patient's ongoing complaints of 9/10 pain despite ongoing opioid consumption do not make a compelling case for continuation on Tylenol No. 3. Similarly, the patient reports of her standing and walking capacity having been improved with opioid therapy appeared to be marginal to negligible benefits and are outweighed by the patient's reported difficulty with numerous other activities of daily living, including lying down, bending, stooping, normal household chores, climbing stairs, etc., and the continued complaints of pain at 9/10 level or greater. Therefore, the request is not medically necessary.