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| Case Number: | CM14-0069578 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 05/22/2003 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 55 year old female who had a work related injury on 05/22/03. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 05/23/14. Previous treatment was status post placement of cervical spine spinal cord stimulator on 01/21/06 with subsequent lead migration. She underwent revision of spinal cord stimulator leads on 09/05/06. She was status post left wrist surgery development of chronic regional pain syndrome left wrist. She had previous physical therapy and medication in treatment of her pain in the past. She continued to utilize Tylenol #4 and Gabapentin for neuropathic pain and Lidoderm patches for topical peripheral neuropathic pain. On VAS was 7/10 with medication without medication her pain was 10/10. She currently noted 30% improvement in pain levels and function due to medications. They were beneficial in allowing her to participate in activities of daily living. She noted improved ability to utilize her left upper extremity. She was able to perform light household chores, prepare meals, and grocery shopping. Without medication the patient would be limited in her ability to perform her activities. This allowed her to continue caring for her husband, who was extremely ill and required around the clock care. She denied any intolerable side effects other than GI dyspepsia. She demonstrated no drug seeking behavior. The patient signed pain medication agreement and continued to be compliant. On physical examination the injured worker was awake, responsive, and cooperative. She was in no acute distress. Gait was tandem. Negative she had swelling over volar aspect of left wrist, hypersensitivity to light touch. Negative allodynia. Decreased sensation. Low back tenderness over side of spinal cord stimulator generator with myofascial tenderness extending across the left side at the lumbosacral junction. Diagnosis left upper extremity pain status post recent fall on 06/25/13. She has CRPS of the left wrist. There is history of left wrist surgery. She is Status post placement of cervical spine spinal cord

stimulator; Left lateral epicondylitis.; and there is reports of right sided low back pain. Prior utilization review on 06/03/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tylenol No. 4 #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications. As such, the request for one prescription of Tylenol No. 4 #60 with 3 refills is not medically necessary and appropriate.