

Case Number:	CM14-0187939		
Date Assigned:	11/18/2014	Date of Injury:	01/16/2013
Decision Date:	01/16/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/11/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 55-year old patient with date of injury of 01/16/2013. Medical records indicate the patient is undergoing treatment for cervical spine disc herniation, lumbar spine multi-level disc bulge, right knee meniscal tear, thoracic spine disc bulge, cervicgia and pain in the thoracic spine. Subjective complaints include right shoulder and right knee pain rated 7/10. Objective findings include cervical range of motion flexion 40 degrees, extension 40, right and left rotation 60, light and left lateral flexion 20; thoracic range of motion - flexion 40, right and left rotation 20; lumbosacral range of motion flexion 40, extension and right and left lateral flexion 10; right knee flexion 100. MRI of cervical spine on 03/31/2014 showed disc desiccation and 1-2mm posterior disc bulge at C3-7 without evidence of central stenosis or neural foraminal narrowing. Treatment has consisted of acupuncture, chiropractic care and physical therapy. The utilization review determination was rendered on 10/14/2014 recommending non-certification of a Tylenol #3 300-30mg #90 1 tab by mouth every 6-8 hours for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300-30mg #90 1 tab by mouth every 6-8 hours for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-94, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Knee, Pain, Opioids

Decision rationale: The ODG does not recommend the use of opioids for neck, back, and knee pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Tylenol #3 in excess of the recommended 2-week limit. The previous reviewer modified this request for weaning. As such, the question for Tylenol #3 300-30mg #90 1 tab by mouth every 6-8 hours for pain is not medically necessary.