

Case Number:	CM14-0192863		
Date Assigned:	11/26/2014	Date of Injury:	06/29/2000
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 Pain 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 injured worker is a 71-year-old female with an original industrial injury on June 29, 2000. The mechanism of injury was a slip and fall from a ladder. The industrial diagnoses included chronic low back pain, lumbar disc disease, lumbar radiculopathy, bilateral shoulder pain, shoulder tendinopathy, and chronic pain. The disputed issue is a request for Tylenol number three to be taken one or two pills by mouth twice daily. This was modified in a utilization review on October 29, 2014. The rationale for this modification was that there was inadequate documentation of the four A's of ongoing opiate monitoring. There was no documentation of an attempt at weaning or a current urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 1-2 tabs twice daily #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the MTUS California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids, "Four

domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. While pain relief and "50% improvement" in function was documented, there was no direct documentation of urine drug screening. The progress note dated July 18th 2014 states that "urine drug screens have been appropriate" but does not specify the date of the last assessment or include the laboratory results. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Therefore, this request is not medically necessary.