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| Case Number: | CM14-0203005 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 02/15/2002 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Rehabilitation, has a subspecialty in Interventional Spine 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 72-year-old male with an injury date of 02/15/2002. Based on the 03/10/2014 progress report, the patient complains of swelling and pain in both wrists and both hands. He has a limited range of motion in his fingers and pain radiating into his forearms. He has numbness, tingling, and weakness in both hands. He has limited use for his hands. The 06/30/2014 report indicates that the patient has significant pain and stiffness in both wrists. He has swelling and had difficulty performing activities daily living such as dressing and grooming. He rates his pain as a 6/10 and his condition of the upper extremities is limited to 35% of normal of his activities of daily living. There is effusion bilaterally, a limited range of motion for flexion/extension of the fingers, fusion of the fingers, and tenderness to palpation of the bilateral hands. The patient has decreased sensation in both hands, the ring finger, and the little finger. The 11/07/2014 report states that the patient has lumbar spine pain which radiates pain from both lower extremities. He has numbness and tingling in both lower extremities as well. In regards to the lumbar spine, there is tenderness that is palpable over the paravertebral musculature with spasm bilaterally. In regards to the lower extremities, there is decreased sensation over both lower extremities to light touch. Straight leg raising test produces pain in the lumbar spine bilaterally. The patient is diagnosed with the following: Spondylosis, lumbar spine. Bilateral carpal tunnel syndrome. Bilateral cubital tunnel syndrome. The utilization review determination being challenged is dated 11/19/2014. Treatment reports were provided from 08/12/2013 - 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 400/60 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for Chronic Pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with wrist pain, hand pain, and lumbar spine pain. The request is for TYLENOL NO. 4 400/60 MG #60. The report with the request was not provided nor is there any indication of when the patient began taking this medication. The rationale is that "despite the long-term use, there was no significant improvement: The patient continued to complain of tingling, numbness, stiffness, and weakness in the wrist and hands, and there were no significant changes in objective findings from opiate use. However, there is no indication that the patient had been utilizing this medication prior, so there is no risk of withdrawal with discontinuation." MTUS Guidelines, pages 88 and 89, states "patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or a validated instrument." MTUS, page 76, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the medication, time it takes for medication to work, and duration of pain relief. MTUS guidelines page 60-61 state that "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." In this case, the Utilization Review denial letter states that the patient has been taking opiates as early as June of 2014. However, there is no indication of the patient taking Tylenol No. 4 prior to the Utilization Review date. The 06/30/2014 report states that the patient is taking hydrocodone, Colace, naproxen, and diazepam. Based on the review of the reports, it would appear that the treater has not been able to provide the opiates and the request is for a trial of Tylenol No. 4. The provided reports show that although hydrocodone is listed as an opiate, there is lack of documentation of the 4 A's required for ongoing use of opiates. A trial of T#4 may be appropriate if there was a reason to try this medication. This patient has already tried Norco without any adequate documentation as to how the patient has responded. There were no four A's documented and functional improvement has not been shown. The treater is just trying another opiates but without adequate documentation of how the opiates are working, trying other opiates does not make medical sense. The requested Tylenol No. 4 IS NOT medically necessary.

Pain Management Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Consultation.

Decision rationale: The patient presents with lumbar spine pain as well as pain and stiffness in both wrists. The request is for a PAIN MANAGEMENT CONSULT. The report with the request is not provided nor is there any discussion regarding the request. The rationale is that "there was no indication of any standard treatment such as physical medicine including physical therapy or acupuncture, being attempted or failed. Review of the records did not indicate any reason why physical medicine treatment was not indicated." ACOEM, page 127, states "the occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The patient is currently taking hydrocodone, Colace, naproxen, diazepam. The patient suffers from chronic pain and medication management appears reasonable. The requested pain management consultation IS medically necessary.