

Case Number:	CM14-0211396		
Date Assigned:	12/24/2014	Date of Injury:	07/22/2011
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Family Practice

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 worker complains of low back pain radiating to the left lower extremity, bilateral knee pain, and foot pain attributed to repetitive job duties that required him to lift and carry trays of food, serve clients, and tend bar. The date of injury is stated as 7/22/2011. He has received chiropractic, physical therapy, cortisone injections, and medications. An Activity Pain Index Report was completed on 10/27/2014. He had a functional capacity evaluation on 9/22/14. He had a urine drug screen on 6/25/2014. According to the primary treating physician's progress report of 11/26/2014 he had 3/10 lumbosacral pain and 3/10 right knee pain that increases to 5/10. He reported that Voltaren and tramadol were not helpful. The treatment plan was to change to Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 1 tablet by mouth twice a day as needed , #60 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Tylenol #3. Although there has been evaluation of function and pain, there has not been an adequate evaluation of pain and function in response to opioids although it was clearly stated that he was not receiving benefit from tramadol. If there was no benefit from tramadol, benefit from Tylenol with codeine would not be expected either as they are similar in potency. Therefore Tylenol # 3 is not medically necessary.