

Case Number:	CM15-0009282		
Date Assigned:	01/27/2015	Date of Injury:	12/08/2013
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 39 year old male, who sustained an industrial injury on 12/08/2013. He has reported subsequent low back pain and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and spinal stenosis. Treatment to date has included oral pain medication, lumbar support, a lumbar epidural steroid injection, acupuncture and physical therapy. In a progress note dated 11/23/2014, noted that the injured worker had suffered a recent stroke. Objective examination findings were notable for flat affect, anxiety and depression, dysesthesia on light touch in the L5-S1 dermatomes bilaterally, low back and leg pain that increased with straight leg raise, left facial drooping and weakness to the left upper extremity. The injured worker was noted to report continued lower back and bilateral knee pain as well as burning pain in the lower extremities. The injured worker was noted to receive Tylenol with Codeine in the hospital, which was noted to provide adequate pain relief. A request for authorization of Tylenol with Codeine was made by the physician. On 12/19/2014, Utilization Review non-certified a request for Tylenol with Codeine, noting that the documentation does not indicate that the injured worker had any improvement in function with use of the medication. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine 60 mg, 1 tab po q6-8h #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Overall Classification Opioids, specific drug list, Codei.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol with Codeine 60 mg one PO Q6 to 8 hours #100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are low back pain; lumbar DDD; lumbar radiculopathy; and spinal canal stenosis. Subjectively, the injured worker complains of pain in the low back and knees. Tylenol with Codeine provide adequate pain relief and less somnolence. The documentation does not indicate whether Tylenol with Codeine is still associated with somnolence. Objectively, musculoskeletal examination is negative for joint swelling and stiffness. There is dysesthesia unlike touch at L5 to S1 dermatomes bilaterally. Straight leg raising increases low back pain and leg pain. The injured worker had a recent stroke (approximately December 2014). The injured worker returns with increased weakness to the left side, some facial drooping and drooping left eye. He is ambulatory with a walker. The physician's plan is to start Tylenol with codeine 60 mg and stop Norco due to somnolence. Tylenol with codeine was started in the hospital (October 2014) with a refill on November 18, 2014. The documentation did not contain evidence of objective functional improvement with Tylenol with Codeine. Additionally, the documentation did not contain objective functional improvement as it pertains to Norco. There were no detailed pain assessments in the medical record. There were no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement with a detailed pain assessment and risk assessment, Tylenol with Codeine 60 mg one PO Q 6 - 8 hours #100 is not medically necessary.