

Case Number:	CM15-0101966		
Date Assigned:	06/04/2015	Date of Injury:	03/26/2010
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 60 year old female, who sustained an industrial injury, March 26, 2010. The injured worker previously received the following treatments Tylenol with codeine and Oxycodone. The injured worker was diagnosed with chronic back pain, severe kyphosis, scoliosis, severe spondylosis and osteoporosis. According to progress note of April 29, 2015, the injured workers chief complaint was suffering from low back pain, the pain radiated into the bilateral hips and left knee. The injured worker rated the pain at 9 out of 10. The injured worker was able to get the pain down to 2 out of 10 with pain mediation and rest in a supine position. The physical exam the injured worker was unable to extend the thoracolumbar spine by almost 90 degrees. There was significant levoscoliosis with apex at approximately L3-L4 and L4-L5 with severe paraspinal hypertonicity. The injured worker can barely get around. The injured worker cannot extend spine to an erect and the convex with scoliotic deformity was severely leftward. The treatment plan included prescriptions for Tylenol and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 #120 x 2 refills (3 months supply): Upheld

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

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

Decision rationale: Regarding the request for Tylenol #4 (codeine-acetaminophen), Chronic Pain Medical Treatment Guidelines state that Tylenol #4 is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider does document pain level reduced from 9 out of 10 to 2 out of 10 with the use of tylenol #4 and percocet. The patient is able to perform activities of daily living better with the current use of medications and she is tolerating medication without side effects. However, there is no monitoring for aberrant use with urine drug screen or CUREs report in the submitted documentation. Furthermore, there is no rationale provided why two short acting opioids are used at the same time. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol #4 (codeine- acetaminophen) is not medically necessary.

Percocet 10/325mg #120 (2 months only): Upheld

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

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

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider does document pain level reduced from 9 out of 10 to 2 out of 10 with the use of tylenol #4 and percocet. The patient is able to perform activities of daily living better with the current use of medications and she is tolerating medications without side effects. However, there is no monitoring for aberrant use with urine drug screen or CUREs report in the submitted documentation. Furthermore, there is no rationale provided why two short acting opioids are used at the same time. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone/ acetaminophen) is not medically necessary.