

Case Number:	CM15-0102635		
Date Assigned:	06/05/2015	Date of Injury:	04/18/2004
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: 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:

The injured worker is a 67-year-old male, who sustained an industrial injury on 4/18/2004, because of cumulative trauma. The injured worker was diagnosed as having cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, lumbar degenerative disc disease, and left lateral epicondylitis. Treatment to date has included diagnostics, physical therapy, right shoulder surgery in 9/2012, and medications. The use of Tylenol #3 was noted since at least 9/2011. Currently (4/23/2015), the injured worker complains of pain in his neck, mid and low back, and right shoulder. His pain was not rated. The treatment plan included continued medications, including Tylenol #3, and urine drug screen. His work status remained full duty. Urine toxicology was requested in 12/2014 and the results were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Tylenol #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 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. 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. Pain in response to the opioid has not been adequately measured. There is no documentation of improved function. The presence or absence of side effects or aberrant behavior has not been addressed. Therefore, this request is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43 and 74-96.

Decision rationale: Urine drug screening is recommended as an option in chronic pain management to assess for the use or the presence of illegal drugs. Specifically, urine drug screening should be considered to assess for the use or the presence of illegal drugs before initiating opioid treatment. During treatment, drug screening is indicated with issues of abuse, addiction or poor pain control. The indication for drug testing was not provided in this case. The prescribed opioid (Tylenol #3) is not necessary; therefore this urine drug test is not medically necessary.