

Case Number:	CM15-0136642		
Date Assigned:	07/24/2015	Date of Injury:	04/21/2010
Decision Date:	08/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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 (IW) is a 59-year-old female who sustained an industrial injury on 04/21/2010. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having: Multilevel herniated nucleus pulposus cervical spine; Probable occipital neuralgia; Situation post left shoulder arthroscopy subacromial decompression with recurrent impingement of the acromioclavicular joint with acromial spur; Multilevel herniated nucleus pulposus with facet arthropathy and probably acute radiculopathy; Situation post left partial lateral epicondylectomy extensor tendon repair with chronic residual elbow pain; Situation post right carpal tunnel release with residuals; Psychological diagnosis; Internal medicine diagnosis. Treatment to date has included medications, cortisone injections, and medication monitoring. Currently, the injured worker complains of severe neck pain radiating to the occipital regions with debilitating headaches. She reports depression secondary to her injury and sequale. On examination, there is tenderness on the posterior cervical and bilateral trapezial musculature and tenderness over the bilateral occipital region that is more intense on the right than on the left. She has limited and painful range of motion. On exam of the left shoulder, possible forward flexion is 170 degrees with positive impingement sign. On exam of the left elbow, there is tenderness over the lateral epicondyle extensor muscle mass. The plan of care includes oral pain medications with medication monitoring, and referral to a specialist for an occipital nerve block. A request for authorization was made for the following: 1. Tylenol w/codeine #3 #60 with two refills; 2. Repeat urine drug toxicology; 3. Evaluation and occipital nerve block under the care of [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol w/codeine #3 #60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol with codeine (Tylenol #3) #60 with two refills 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 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are multiple herniated discs cervical spine; status post left shoulder arthroscopy with subacromial decompression and recurrent impingement; multilevel herniated nucleus pulposus with facet arthropathy and helpful acute radiculopathy; status post left partial lateral epicondylectomy extensor tent repair with chronic residual elbow pain; status post right carpal tunnel release with residuals; and psychological diagnosis. Date of injury is April 21, 2010. Request for authorization is June 25, 2015. The earliest progress note containing a Tylenol with codeine #3 descriptions is dated January 13, 2015. The treating provider refill Tylenol #3, #60 with two refills. The start date for Tylenol #3 is not documented in the record. A subsequent progress note dated May 28, 2015 subjectively states the worker has neck pain radiates to the occipital region with headaches and left shoulder pain. Objectively there was tenderness palpation over the posterior paraspinal muscles and tenderness over the bilateral occiput. A urine drug toxicology screen was ordered and performed. There were no hardcopy results of the UDS in the medical record. The treating provider indicated urine drug screen was to be repeated every three months. There is no documentation demonstrating objective functional improvement to support ongoing Tylenol #3. There are no detailed pain assessments or risk assessments. Consequently, absent clinical documentation demonstrating objective functional improvement from the earliest progress note dated January 13, 2015 through May 28, 2015, detailed pain assessments and risk assessment, Tylenol with codeine (Tylenol #3) #60 with two refills is not medically necessary.

Repeat urine drug toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, repeat urine drug toxicology is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are multiple herniated discs cervical spine; status post left shoulder arthroscopy with subacromial decompression and recurrent impingement; multilevel herniated nucleus pulposus with facet arthropathy and helpful acute radiculopathy; status post left partial lateral epicondylectomy extensor tent repair with chronic residual elbow pain; status post right carpal tunnel release with residuals; and psychological diagnosis. Date of injury is April 21, 2010. Request for authorization is June 25, 2015. The earliest progress note containing a Tylenol with codeine #3 description is dated January 13, 2015. The treating provider refill Tylenol #3, #60 with two refills. The start date for Tylenol #3 is not documented in the record. A subsequent progress note dated May 28, 2015 subjectively states the worker has neck pain radiates to the occipital region with headaches and left shoulder pain. Objectively there was tenderness palpation over the posterior paraspinal muscles and tenderness over the bilateral occiput. A urine drug toxicology screen was ordered and performed. There were no hardcopy results of the UDS in the medical record. The treating provider indicated urine drug screen was to be repeated every three months. There is no documentation indicating aberrant drug related behavior, drug misuse or abuse. Additionally, there is no clinical indication for repeating a urine drug screen every three months under the present set of facts. Based on clinical information in the record and the reviewed evidence-based guidelines, repeat urine drug toxicology is not medically necessary.

Evaluation and occipital nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Occipital nerve block.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, evaluation and occipital nerve block under the care of [REDACTED] is not medically necessary. Greater occipital nerve blocks are under study for the use in treatment of primary headaches. A recent study has shown greater occipital nerve blocks are not effective for treatment of chronic tension headache. In this case, the injured worker's working diagnoses are multiple herniated discs cervical spine; status post left shoulder arthroscopy with subacromial decompression and recurrent impingement; multilevel herniated nucleus pulposus with facet arthropathy and helpful acute radiculopathy; status post left partial lateral epicondylectomy extensor tent repair with chronic residual elbow pain; status post right carpal tunnel release with residuals; and psychological diagnosis. Date of injury is April 21, 2010. Request for authorization is June 25, 2015. The earliest progress note containing a Tylenol with codeine #3 descriptions is dated January 13, 2015. The treating provider refill Tylenol #3, #60 with two refills. The start date for Tylenol #3 is not documented in the record. A subsequent progress note dated May 28, 2015 subjectively states the worker has neck pain radiates to the occipital region with headaches and left shoulder pain. Objectively there was tenderness palpation over the posterior paraspinal muscles and tenderness over the bilateral occiput. Greater occipital nerve blocks are under study for the use in treatment of primary headaches. Greater occipital nerve blocks are not indicated. Based on the clinical information in the record, peer-reviewed evidence-based guidelines guideline with guideline non-recommendations, evaluation and occipital nerve block under the care of [REDACTED] is not medically necessary.