

<b>Case Number:</b>	CM15-0138630		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 is a 47-year-old male, who sustained an industrial injury on 7/30/2012. The injured worker was diagnosed as having cervicgia, thoracic sprain, lumbar radiculitis, lumbar discogenic pain, bilateral shoulder sprain, right foot sprain, depressive disorder, right great toe fracture, right shoulder rotator cuff tear, and moderate right shoulder impingement. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of bilateral shoulder pain (right greater than left), rated 5/10, neck pain with tingling in his fingers, rated 7/10, upper back pain, rated 4/10, low back pain traveling down his left leg, associated with numbness, rated 9/10 and worsening, and intermittent right foot and toe pain, rated 4/10. He reported these pain ratings with the use of medication. He also reported difficulty sleeping due to pain, along with anxiety, depression, and weight loss. He was currently taking Anaproxen (not helpful), Ibuprofen (helpful), Norflex (helpful), and Lisinopril (not helpful). The effectiveness of Tylenol with Codeine was not noted. Exam noted a height of 5'11" and weight 269 pounds. Exam of the cervical spine noted tenderness and spasms, positive distraction tests bilaterally, along with bilateral pain with foraminal compression test. Exam of the lumbar spine noted positive bilateral Valsalva, Kemp's, facet, Patrick-Fabere, iliac compression, and straight leg raise. The treatment plan included a neurosurgery consult to address lumbar spine, Tylenol #3, and Ibuprofen. His work status was total temporary disability and urine toxicology was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Tylenol #3 #120 with 3 refills, California Pain Medical Treatment Guidelines state that this 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, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. 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 #3 #120 with 3 refills is not medically necessary.

**Ibuprofen 800mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin (ibuprofen) is not medically necessary.

**Neurosurgery Consult:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. Additionally, there is no documentation that the physician has tried to address these issues prior to considering a referral, or that the patient has failed conservative treatment prior to surgical consultation. In the absence of such documentation, the currently requested consultation is not medically necessary.