

Case Number:	CM15-0144912		
Date Assigned:	08/05/2015	Date of Injury:	09/13/2012
Decision Date:	09/03/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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(n) 56 year old female, who sustained an industrial injury on 9-13-12. She reported injury to her neck, lower back, left hand and left knee. The injured worker was diagnosed as having lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, left wrist carpal tunnel and left knee medial meniscus tear. Treatment to date has included physical therapy, an EMG of the upper extremities on 2-24-15, several x-rays and a lumbar fusion in 2014. On 2-4-15, the injured worker rated her pain a 7 out of 10 in her neck, a 6 out of 10 in her mid and lower back, a 5 out of 10 in her left wrist and a 3 out of 10 in her left knee. As of the PR2 dated 7-2-15, the injured worker reports constant pain in her left wrist, cervical, thoracic and lumbar spine and left knee. Objective findings include a positive Tinel's test in the left wrist, +3 spasms and tenderness in the cervical muscles, a positive straight leg raise test bilaterally and a positive McMurray's test in the left knee. The treating physician requested a follow-up visit with range of motion measurement and addressing activities of daily living and Tylenol #3 dispense 60 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with range of motion measurement and addressing ADL's: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Range of motion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 174, Chronic Pain Treatment Guidelines Chronic pain Page(s): 99 and 159.

Decision rationale: The MTUS states that the goal of treatment is to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self therapy, seeking to use independent ROM exercises and rehab exercise. The patient needs to be encouraged to return to prior activities despite residual pain. The use of active treatment modalities such as exercise and education are helpful. This provides better clinical outcomes than a passive approach. In the section on the neck and upper back it is noted that specific exercises for both ROM and strengthening are beneficial. The MD desires to bring the patient back to the office to specifically address ROM exercises and apply her home PT and exercises to her ADL's. This is encouraged by the MTUS and a specific time set aside to specifically address these issues could be very beneficial to the patient. Therefore, the UR decision is reversed and the request is medically necessary.

Tylenol #3, #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 75 and 91.

Decision rationale: Tylenol #3 is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with; 1- Education as to its benefits and limitations, 2- The employment of non-opioid treatments such as relaxation techniques and mindfulness techniques, 3- The establishment of realistic goals, and 4- Encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that it should be continued. The above patient has chronic pain and she has had appropriate treatment with PT and lumbar fusion and other modalities. Her pain has been recalcitrant and at this point it is appropriate to attempt to ameliorate her symptoms with the use of Tylenol #3. The UR decision is reversed and the request is medically necessary.