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| Case Number: | CM15-0148998 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 02/25/2015 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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: New York
 Certification(s)/Specialty: Anesthesiology

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 59 year old male, who sustained an industrial injury on February 25, 2015. He reported that while getting out of his truck his boots got stuck and as he climbed down he felt a pop in his left hip followed by left hip, left buttock, left knee, and left leg pain. The injured worker was diagnosed as having iliofemoral ligament sprain-strain, lumbar myospasm, left hip pain, left knee pain, left ankle and foot pain, and pain in joint, pelvic region and thigh. Treatments and evaluations to date have included x-rays, physical therapy, ice, and medication. Currently, the injured worker reports frequent pain in the low back, left buttock, left hip, left leg, left knee, left foot, and left ankle. The Primary Treating Physician's report dated May 13, 2015, noted the injured worker rated his pain on a scale of 0 to 10 as 6-7 while resting and 8-9 with activities. The injured worker reported his pain was associated with weakness, numbness, and giving way and he was unable to perform activities of daily living (ADLs) due to his pain. The injured worker's current medications were listed as Tramadol and Flexeril. Physical examination was noted to show slight tenderness on palpation over the paralumbar region on the right, with tenderness noted over the left groin and left iliac crest. The injured worker was noted to be unable to squat. Sensory examination was noted to show decreased sensation at L4, L5, and S1 dermatomes on the left. The treatment plan was noted to include request for authorization for a MRI of the lumbar spine, x-rays of the left hip, electromyography (EMG)-nerve conduction velocity (NCV) of the lower extremities, and physical therapy, with prescriptions given for Tylenol #3 and Motrin. The injured worker's work status was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol with codeine.

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

Decision rationale: Tylenol with Codeine is a short-acting opioid analgesic. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. Sixty (60) mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The physician prescribed Tylenol #3 on May 13, 2015, noting the injured worker's current medications at that time included Tramadol and Flexeril. The documentation provided did not include documentation of the efficacy of the Tramadol and Flexeril, nor was there documentation if they were being continued or discontinued. The documentation provided did not include any evidence of a pain assessment, assessment of functional status, adverse effects assessment, or documentation of a pain agreement or urine drug screen (UDS) with previous opioid use, even prior to the addition of a second opioid. There is also no dosage requested for this medication. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.