

Case Number:	CM15-0163771		
Date Assigned:	09/01/2015	Date of Injury:	11/26/2011
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/20/2015

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

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 44 year old male with an industrial injury dated 11-26-2011. His diagnoses included cervical 5-6 disc degeneration with mild foraminal stenosis, right cervical radiculopathy, chronic intractable pain and status post right shoulder arthroscopy with acromioplasty and distal clavicle resection. Prior treatment included physical therapy and medications. He presented on 08-07-2015 with complaints of neck pain radiating to the base of the skull and down the right upper extremity rated as 9 out of 10 without medications and 7 out of 10 with medications. Physical exam revealed evidence of tenderness over the right TMJ and occipital nerve. There was decreased sensation over the right cervical 6 and right cervical 8 dermatome distributions. The provider documents EMG dated 07-12-2012 showed acute right cervical 5, cervical 6 and cervical 7 and left cervical 5 and cervical 6 radiculopathy. His current medications included Viibryd, Protonix, Restoril, Anaprox DS, and Tylenol with Codeine #3, Lisinopril, Neurontin and Zoloft. Tylenol #3 Tab 300-30 mg #60 with 3 refills is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Tab 300-30mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Criteria For Use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 5/13/15 progress report provided by the treating physician, this patient presents with right-sided cervical spine pain radiating into the trapzeius with associated headaches, and pain radiating down right arm into right forearm to the thumb, and numbness of the small finger. The treater has asked for but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/11/15 are right AC joint arthritis/impingement syndrome, C5-6 disc degeneration with mild foraminal stenosis, right cervical radiculopathy, right lumbar radiculopathy non industrial, status post right shoulder arthroscopy with acromioplasty ad distal clavicle resection 11/15/13, right cubital tunnel syndrome, chronic intractable pain. The patient is s/p nightmares, and has improved right shoulder pain and range of motion per 5/13/15 report. The patient's current medications are Viibryd, Norco, Protonix, Restoril, Lisinopril, Neurontin, and Zoloft per 5/13/15 report. The patient's work status is temporarily partially disabled, and is on modified duty until next visit per 3/25/15 report. MTUS Criteria For Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. MTUS, Medications for Chronic Pain, page 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The treater does not discuss this request in the reports provided. Utilization review letter dated 8/17/15 modifies request to #60 with one refill for weaning purposes. Patient has been taking Norco since 2/25/15 and in reports dated 3/25/15 and 5/13/15. As of 8/7/15 report, however, the treater has taken the patient off Norco and has provided a new prescription for Tylenol. Two urine drug screens dated 5/15/15 and 8/12/15 were consistent with prescribed medications, and treater states an opioid contract is on file per 8/7/15 report. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the treater has requested an initiating prescription for Tylenol which appears reasonable for patient's chronic pain condition. Therefore, the request is medically necessary.