

Case Number:	CM15-0165635		
Date Assigned:	09/03/2015	Date of Injury:	01/05/2014
Decision Date:	10/26/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male who reported low back pain after a twisting motion on January 5, 2014. The diagnoses have included a disc disorder, internal derangement of the knee and anxiety. The treatment to date has included medication, TENS, chiropractic, and acupuncture. The current primary treating physician reports from 2014 to 2015 reflect chronic use of Tylenol #3 and Tramadol, limited ability to perform activities of daily living, multiple topical and oral medications, and a modified work status in 2014. The work status in 2015 was "temporarily totally disabled". The treating physician was prescribing at least 6 different medications simultaneously in 2015, with no reports describing the specific results of using any single medication. Per the PR2 of July 28, 2015, there was back and left knee pain. He was not working. Function was limited. There was no account of specific medication results. The treatment plan includes Tylenol #3, Tramadol, Flexeril, Lidoderm patches, Aciphex, Celebrex and acupuncture. On 8/5/15 Utilization Review partially-certified Tylenol #3, noting that the DEA regulations prohibit the refills that were prescribed. Lidoderm and Tramadol were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 tablets for upcoming visit 08/27/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The treating physician prescribes many medications and none are evaluated separately with respect to pain and function, as is recommended in the MTUS for "medication trials". The injured worker has been prescribed two short acting opioids, Tramadol and codeine, which is duplicative. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a random urine drug screen program or any drug testing at all. The prescribing physician describes this patient as "temporarily totally disabled", which fails the "return-to-work" criterion for opioids in the MTUS, demonstrates a lack of functional improvement, and represents an inadequate focus on functional improvement. Functional improvement, per the MTUS, consists of a significant improvement in work status or activities of daily living, and a decreasing dependency on medical care. The treating physician has not described specific increases in activities or work status as a result of taking opioids. There is no evidence of an improvement in work status. There is no evidence of decreasing dependency on medical care, as office visits remain monthly, and there have been prescriptions for many ongoing medications, other treatments, and referrals to other physicians. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.