

Case Number:	CM15-0166067		
Date Assigned:	09/14/2015	Date of Injury:	11/30/2009
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
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: California, Hawaii

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 57-year-old female, who sustained an industrial injury on 11-30-2009. She has reported subsequent neck, bilateral shoulder, bilateral forearm, wrist, and upper back pain and was diagnosed with cervical strain with right cervical radicular symptoms, thoracic strain, right shoulder impingement, left shoulder strain with impingement, upper thoracic strain and bilateral forearm flexor tendonitis and wrist tendonitis with carpal tunnel syndrome and depression due to chronic pain. Treatment to date has included medication, application of heat and cold, interferential stimulator, acupuncture, a cervical epidural steroid injection, cognitive behavioral therapy and surgery that were noted to have failed to significantly relieve the pain. The injured worker was noted to have been switched from Norco to Tylenol #4 on 03-18-2015 for pain control due to spontaneous worsening of neck and upper back pain. An MRI of the cervical spine dated 05-22-2015 showed worsening of facet arthropathy at C4-C5, C5-C6 disc height loss, 1-2 mm disc bulge, mild to moderate stenosis, 1-2 mm bilateral perineural cyst, and 4 mm bilateral perineural cysts at C6-C7 and C7-T1. In a progress note dated 06-26-2015 the injured worker reported persistence of neck and upper back pain that was rated as 9 out of 10. In a progress note dated 07-06-2015, the injured worker reported 8 out of 10 pains without medication and 5 out of 10 pains with medication. The physician noted that the medication allowed the injured worker to do activities of daily living including household chores. Pain was noted to decrease with medication use but the injured worker reported that she felt she was "taking steps backward". Objective examination findings on 07-06-2015 and 06-26-2015 showed slight spasm and tenderness of the paracervical muscles, more on the right, slightly decreased

range of motion, positive Spurling's sign on the right producing scapular pain, tenderness and decreased range of motion of the lumbar spine, thoracic spine and shoulders, positive bilateral Tinel's and Phalen's sign and tenderness of the bilateral forearms and wrists. Work status was documented as modified with restrictions. A request for authorization of Tylenol #4 three times a day for pain control, #90 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 TID for pain control #90: Overturned

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.

Decision rationale: The records indicate the patient has complaints of bilateral shoulder pain, bilateral forearm and wrist pain, along with neck and upper back pain. The patient also complains of gastrointestinal pain secondary to medication. The current request for consideration is Tylenol #4 TID for pain control, QTY: 90. The treating physician indicates that Tylenol #4 is to be taken on days that the patient is off Piroxicam. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is clear documentation of moderate to severe pain with documentation of the 4 A's. Medical records indicate the patient is having decreased pain with medication versus without medication. The records indicate the patient has improved functional ability with ADLs. The records further indicate the patient is without aberrant behavior and shows no signs of addictive behavior. The attending physician has asked that the patient take drug holidays from Piroxicam to avoid kidney problems and gastritis. During the Piroxicam holidays, she is to use Tylenol #4 for pain. The current documentation is consistent with medical treatment utilization guidelines and medical necessity has been met. The request is medically necessary.