

Case Number:	CM15-0167809		
Date Assigned:	09/08/2015	Date of Injury:	12/18/2013
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 50 year old female who sustained an industrial injury on December 18, 2013. A primary treating office visit dated March 26, 2015 reported subjective complaint of low back and left leg pains. She reports receiving a transcutaneous nerve stimulator unit, but is not sure how to use it. The pain is "mostly lower back left sided gluteal region". Objective assessment noted positive for spasms, left sacroiliac joint tenderness and a positive Faber's maneuver on the left. She was diagnosed with the following: sacroilitis; lumbar radiculopathy, and lumbar fascial pain. The plan of care is with recommendation for administration of left sacroiliac joint steroid injection; prescribing medications including: Tramadol, Nortriptyline, and Meloxicam. She may return to a modified work duty May 31, 2015. At primary follow up dated April 23, 2015 the worker reports subjective complaint of persistent low back pain radiating to the left gluteal region and left groin. There is noted associated cramps and tightness. She states the current medication regimen is helping the pain and she is requesting refills. The following medications were prescribed this visit: Tylenol #3 one tab daily as needed, Meloxicam, Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol/Codine #3 tablet # 30 (30 day supply): 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 for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking multiple opioids over an extended period of time. Multiple previous reviews recommended that opioids be weaned. The most recent medication declined was Tramadol. Tylenol 3 is now being requested to replace the Tramadol. Although the injured worker has used opioids chronically, there is a lack of objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tylenol/Codine #3 tablet # 30 (30 day supply) is determined to not be medically necessary.