

<b>Case Number:</b>	CM15-0184642		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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:

This is a 71 year old female with a date of injury of January 7, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for radiculopathy of the upper extremity, lumbar disc displacement, and internal derangement of the knee. Handwritten medical records dated June 24, 2015 indicate that the injured worker complains of knee and back pain, and inability to walk without a cane. Records also indicate that the injured worker's "Neck and arm are fine". A handwritten progress note dated July 22, 2015 notes subjective complaints of lumbar spine pain and left knee symptoms. Per the treating physician (June 24, 2015), the employee was retired. The physical exam dated June 24, 2015 reveals decreased and painful range of motion of the back. The handwritten progress note dated July 22, 2015 documented a physical examination that showed ambulation with a cane, antalgic and gait, and decreased range of motion. Portions of the progress notes were difficult to decipher. Treatment has included left total knee arthroplasty, psychotherapy, and medications (Naprosyn 550mg and Tylenol #4 since at least February of 2015). The original utilization review (August 27, 2015) non-certified a request for Tylenol #4 #60, follow up with pain management physician, and follow up with psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No 4, #60:** 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, long-term assessment.

**Decision rationale:** MTUS Guidelines have very specific criteria to support the ongoing use of opioid medications. The standards include well documented pain relief associated with functional benefits. These standards are not met with this individual. There is no reported pain relief secondary to the opioid use. The patterns of use, length of any pain relief, and resulting functional improvements are not documented. There are no unusual circumstances to justify an exception to the Guidelines. Under these circumstances, the Tylenol #4 Qty 60 is not medically necessary.

**Follow-up with pain management physician:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Guidelines support the use of Medical Specialists if there is medical management or a procedure that is beyond the requesting physician's skill level. This circumstance appears to be present in association with this request. Documentation states that this individual had significant benefits from a prior epidural and a re-evaluation is recommended regarding the possibility of a repeat injection. Although it may be questionable that a repeat injection is medically necessary, an updated evaluation by the pain specialist is supported by Guidelines. The follow-up with pain management physician is medically necessary.

**Follow-up with psychiatrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/Depression treatment.

**Decision rationale:** MTUS and ODG Guidelines support Psychological treatment and monitoring of individuals with dual diagnosis i.e. chronic pain plus depression, anxiety or PTSD. This individual has ongoing depression and is being treated with Psychotropic medications. Periodic follow up with a Psychiatrist is supported by Guidelines under these circumstances. The follow-up with psychiatrist is medically necessary.