

Case Number:	CM15-0188810		
Date Assigned:	09/30/2015	Date of Injury:	11/22/1999
Decision Date:	11/12/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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 55 year old female who sustained an industrial injury November 22, 1999. Past history included L3-4 discectomy and depression. Diagnoses are lumbar disc disease with chronic pain; sciatica. According to a treating physician's progress report dated August 24, 2015, the injured worker presented for a re-check. The physician documented she is taking one Tylenol #3 with codeine for pain control; otherwise she has 4-5 out of 10 pain from right sciatica. Objective findings were documented as; no distress; lungs clear; heart- regular rate and rhythm; deep tendon reflexes trace at ankle and knees. Review of medical record indicates Tylenol #3 was prescribed in August 2011, March 24, 2015, and June 26, 2015, Treatment plan included follow-up in three months, drive with precautions with narcotics. At issue, is the request for authorization for Tylenol #3 1-2 tablets twice daily as needed, #120 with (3) refills. A fasting comprehensive metabolic profile dated June 24, 2015, is present in the medical record.

According to utilization review dated September 16, 2015, the request for Tylenol #3 1-2 tablets twice daily as needed #120 with (3) refills was modified to Tylenol #3 1-2 tablets twice daily as needed #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3, 1-2 tablets twice daily as needed, #120 with 3 refills: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/24/15 with lower back pain rated 4-5/10 on average, with associated sciatica. The patient's date of injury is 11/22/99. Patient is status post lumbar discectomy at L3-4 levels in 1989 and 2000. The request is for TYLENOL NO. 3, 1-2 TABLETS TWICE DAILY AS NEEDED, #120 WITH 3 REFILLS. The RFA was not provided. Physical examination dated 08/24/15 reveals trace deep tendon reflexes in the bilateral knees and ankles. No other remarkable findings are included. The patient is currently prescribed Tylenol 3. Patient is currently advised to remain off work permanently. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "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." In regard to the requested Tylenol 3 for the management of this patient's chronic lower back pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress notes dated 08/24/15 has the following regarding medication efficacy: "She is taking one Tylenol #3 with codeine which control the pain. Otherwise, it averages 4-5/10 with right sciatica." [sic] MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity- specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that this patient is non-compliant with her medications. However, the provider does not include any measures of analgesia via a validated scale with before and after ratings, does not document any activity-specific functional improvements, or include a statement regarding a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.