

Case Number:	CM15-0191743		
Date Assigned:	10/05/2015	Date of Injury:	04/07/2006
Decision Date:	11/12/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/29/2015

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: Family Practice

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 60-year-old male with an industrial injury date of 04-10-2006. Medical record review indicates he is being treated for lumbar degenerative disc disease, chronic low back pain, left lumbosacral radiculitis, sacroiliac joint syndrome and situational depression. Subjective complaints (08-07-2015) included chronic low back pain with radicular symptoms to left lower extremity. The treating physician documented the injured worker's Tylenol # 4 was necessary to help manage his pain such that he can adequately function with upright activities of daily living. "The patient reports that his standing tolerance has improved to as much as 2 hours with the Tylenol # 4, whereas without medication his standing tolerance is limited to about 20 minutes." "The Zantac is necessary to help manage the patient's gastric upset which he experiences with the Tylenol # 4." The treating physician documented the injured worker had a 40% reduction in his pain with the use of Tylenol # 4. Other documentation by the treating physician notes the injured worker's wife assists him in bathing, dressing and performs cleaning, meal preparation, grocery shopping and cooking activities for the patient "as he is limited in these duties because of his back condition." "His back pain also limits his ability to drive for more than 10-15 minutes at a time." Disability status is documented as "permanent and stationary" (08-07-2015) His medications included Tylenol # 4 three times daily as needed, Lexapro 10 mg daily, Lunesta 3 mg at bedtime, Zantac 150 mg twice daily and Mirtazapine 30 mg daily. The injured worker had been taking Tylenol # 4 at least since 04-04-2011. He was taking Tylenol # 3 prior to being started on Tylenol # 4. Prior treatments include H wave, TENS, sacroiliac joint stabilization belt, home exercise program, single point cane, urology evaluation

and cardiac evaluation. The treating physician had requested home health assistance at 60 hours per month with transportation to appointments. "We have not received word yet regarding the request." Physical exam (08-07-2015) revealed slight tenderness to palpation in the bilateral lumbar paraspinal regions and the lower lumbar spine. Seated straight leg raise was negative bilaterally. The treating physician documented the injured worker had signed a pain contract and had not exhibited any aberrant behaviors regarding his medications. Medical records reviewed did not indicate a urine drug screen. On 08-29-2015 the request for Tylenol with Codeine #4 60/300 mg, ninety count with one refill was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #4 60/300 mg, ninety count with one refill: 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, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Tylenol with Codeine. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of

therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tylenol #4 is not considered as medically necessary.