MAXIMUS Federal Services

Case Number:	CM15-0193654		
Date Assigned:	10/07/2015	Date of Injury:	09/04/2003
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, 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 52 year old female who sustained an industrial injury on 09/04/2003. Medical records indicated the worker was treated for chronic cervicalgia, cervical degenerative disc disease, possible bilateral cervical radiculitis, chronic low back pain, lumbar degenerative disc disease, bilateral sciatica with motor findings suggestive of bilateral L5 motor radiculopathy and pain related insomnia. The worker was noted in the provider notes of 08-04-2015 to be permanent and stationary with a whole person impairment rating of 60% per the AME report of 01-20-2012. In the provider notes of 08-04-2015 the injured worker complains of sleeping poorly without a sleep adjuvant. She is working four hours a day for five days a week with restrictions. She continued to note chronic neck and low back pain with radicular symptoms into her bilateral upper and lower extremities. On exam, the worker has tenderness to palpation throughout the cervical spine and bilateral cervical paraspinal regions with spasm noted in the bilateral lower cervical paraspinal regions extending in to the bilateral trapezia. Spurling maneuver is negative bilaterally. Range of motion of the cervical spine is moderately reduced in all planes. There is tenderness to palpation throughout the thoracic spine and bilateral thoracic paraspinal regions including the bilateral scapulae. The lumbar spine has tenderness to palpation throughout the lumbar spine and bilateral lumbar paraspinal regions left worse than right. Seated straight leg raise is positive on the left and negative on the right. Reflexes in the upper and lower extremities (with exception of the right ankle which was deferred were 2+). The medication list includes Cymbalta, lunesta, Tylenol#3, Amitriptyline, neurontin, lyrica and Trazodone. Patient had received ESI for this injury. The patient has had MRI of the lumbar spine on 9/12/13 that

revealed disc protrusions and degenerative changes and MRI of cervical spine that revealed degenerative changes. The patient's surgical history includes right ankle surgery. Tylenol#3 helps patient in ADL by reducing pain from 7/10 to 4/10 and there is no aberrant drug behavior. The patient has had a UDS on 9/10/14 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Tylenol No. 3 #120 with 1 refill. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol No. 3 #120 with 1 refill is not established for this patient, given the records submitted and the guidelines referenced. The request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.