

Case Number:	CM15-0198096		
Date Assigned:	10/13/2015	Date of Injury:	07/17/2002
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 73 year old male injured worker suffered an industrial injury on 7-17-2002. The diagnoses included low back pain with right leg radicular symptoms and right knee pain. On 6-3-2015 the provider noted that Hysingla, Gralise and Zanaflex were in use. On 7-1-2015 the provider reported the injured worker had been using Hysingla, Zanaflex, and Norco. On 8-26-2015 the treating provider reported intractable back pain that continued to shoot down the right leg, ongoing right knee pain and instability. He stated he had been using Tylenol #3 occasionally for pain and Tylenol did not help him. He used Mobic for inflammation and Neurontin at night to help with neuropathic burning pain in the leg. He reported he received 50% reduction in pain and functional improvement in activities of daily living with medications. He was able to work and do other activities around the house which otherwise he could not. On exam the back had limited range of motion. There was positive straight leg raise with sensory loss to the right lateral calf and bottom of the foot along with an absent Achilles' reflex. Palpation revealed muscle spasms in the lumbar trunk. The exam of the right knee revealed crepitus with positive McMurray's sign along with excessive laxity with anterior and posterior drawer sign with varus-valgus maneuvers. The provider reported there was an opioid contract and urine drug screens were appropriate. The Utilization Review on 9-11-2015 determined non-certification for Tylenol No. 3 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tylenol with Codeine.

Decision rationale: MTUS and ODG state regarding codeine; "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The available medical record does not indicate failure of first-line treatments. Additionally, the medical record does not detail how the patient's pain and functional level with Tylenol with Codeine have improved, the record notes improvement with other medications but the codeine is not used always in conjunction with the first line medications. Lastly, the medical record indicates that opiates have been in use with this IW for an extended period, both ODG and MTUS agree that opiates are not appropriate for longterm use. As such, the request for Tylenol with Codeine #120 is deemed not medically necessary.