MAXIMUS Federal Services

Case Number:	CM15-0202112		
Date Assigned:	10/19/2015	Date of Injury:	05/18/2013
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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 44 year old male who sustained an industrial injury on 5-18-13. A review of the medical records indicates he is undergoing treatment for pain in right shoulder joint. Medical records (8-25-15) indicate complaints of right shoulder pain, rating "5 out of 10" with medications and "7 out of 10" without medications. The treating provider indicates that the injured worker presented to the office for "med assessment" and states that he is "stable on current medication and denies side effects". The treating provider also states that he "does not exhibit any aberrant behavior". An "ADL flow sheet" indicates "Yes" for cooking, shopping, bathing, dressing, medication management, driving, brushing teeth, and toileting. It indicates "No" for laundry and gardening. Diagnostic studies have included urine toxicology studies. A urine drug screen in-office revealed positive results for Methadone. It was sent on for further study. The 6-18-15 and 8-25-15 laboratory urine toxicology shows it was "not consistent", testing negative for Codeine and Morphine. The 5-19-15 urine toxicology study revealed "positive" for Morphine, indicating that the injured worker was not prescribed the medication and "not consistent" for Codeine and Hydrocodone. The injured worker has been prescribed Tylenol-Codeine #4, 300mg-60mg, since, at least, 6-18-15. The utilization review (9-17-15) includes a request for authorization of retrospective pharmacy purchase of Tylenol-Codeine #4, 300mg-60mg #90. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tylenol-Codeine #4 300 MG-60 MG tab #90 DOS 8/25/15: 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 44 year old patient complains of pain in right shoulder, as per progress report dated 08/25/15. The request is for Retro Tylenol-Codeine #4 300 MG-60 MG tab #90 DOS 8/25/15. The RFA for this case is dated 08/25/15, and the patient's date of injury is 05/18/13. Diagnoses, as per progress report dated 08/25/15, included pain in shoulder joint. The patient is taking Tylenol-codeine #4 for pain relief. Diagnoses, as per progress report dated 07/21/15, included pain in shoulder joint and lateral epicondylitis. The patient is off work, as per the same report. 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 this case, Tylenol-codeine #4 was initiated during the 05/19/15 visit. Prior reports document the use of Norco. It is not clear when opioid therapy was initiated. In progress report dated 08/25/15, the treater states that the patient "is stable on current medication and denied side effects. Patient does not exhibit any aberrant behavior." Medications help reduce pain from 7/10 to 5/10. Patient's ADLs include cooking, shopping, bathing, dressing, medication management, driving, brushing teeth and toileting. A Urine drug screen was also performed during this visit. However, in progress report dated 07/21/15, the treater states the patient "is able to minimally accomplish ADLs because of pain." In progress report dated 07/10/15, the patient "states the medication works well for him." Progress report dated 05/19/15 documents the use of Norco. In that report, the treater indicates "patient is on medications which help decrease pain and improve function. Quality of life is improved while being on medications and they help with performing activities of daily living." In progress report dated 01/20/15, the treater indicates the patient able for perform self-care. In progress report dated 09/28/15 (after the UR denial date), the treater reiterates that the patient needs his medication as it "helps him cope with his pain." The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with specific categories. MTUS requires specific examples that indicate an improvement in function before and after medication use and states that "function should include social, physical, psychological, and daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.