MAXIMUS Federal Services

Case Number:	CM15-0203527		
Date Assigned:	10/20/2015	Date of Injury:	10/24/2005
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/16/2015

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: North Carolina
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 51 year old male, who sustained an industrial injury on October 24, 2005. The injured worker was diagnosed as having cervical closed at cervical six. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated August 05, 2015 the treating physician reports complaints of constant, "severe" pain to the neck that radiates to the right shoulder. Examination performed on August 05, 2015 was revealing for tenderness to the cervical six level of the cervical spine. The injured worker's medication regimen on August 05, 2015 included over the counter Tylenol. The injured worker's pain level on August 05, 2015 was rated a 7, but the progress note did not indicate the injured worker's pain level prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the progress note did not indicate if the injured worker experienced any functional improvement with activities of daily living with the use of his medication regimen. The progress note from April 01, 2015 noted complaints of pain to the neck that radiated to the upper back that was rated a 6 out of 10 but improved by 50% with the use of the injured worker's medication regimen of Norco and Nabumetone. The progress note on April 01, 2015 also indicated the discontinuation of the medication Norco to be changed to Tylenol with Codeine, but the progress note from August 05, 2015 indicated the denial of the injured worker's medications and the injured worker was noted to be out of medication for two months. On August 05, 2015 the treating physician requested Tylenol with Codeine (#3) with a quantity of 90 for pain. On September 25, 2015 the Utilization Review determined the request for Tylenol with Codeine (#3) with a quantity of 90 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tylenol with codeine (#3), #90: 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 for chronic pain.

Decision rationale: When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.