

Case Number:	CM15-0204477		
Date Assigned:	10/21/2015	Date of Injury:	11/05/1992
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 64 year old male, who sustained an industrial injury on 11-5-92. The injured worker was diagnosed as having lumbar facet syndrome, lumbar radiculopathy, lumbar spondylosis, knee pain and myalgia and myositis not otherwise specified. Subjective findings (4-8-15, 5-5-15, 7-1-15 and 7-30-15) indicated 5-6 out of 10 pain in the low back and left knee. The injured worker reported being unable to leave the bed without medications. Objective findings (4-8-15, 7-1-15 and 7-30-15) revealed restricted lumbar range of motion, a positive straight leg raise test bilaterally and restricted left knee range of motion. As of the PR2 dated 8-26-15, the injured worker reports pain in the lower back and left knee. He rates his pain 8 out of 10 and has been running out of his medication early. He indicated that the medication is helping and his exercise level has remained unchanged since the last visit. Objective findings include restricted lumbar range of motion, a positive straight leg raise test bilaterally and restricted left knee range of motion. Current medications include Celebrex, Tramadol ER, a transdermal compound and Tyl-Cod #4 (since at least 5-5-15). The urine drug screen on 8-26-15 was inconsistent with prescribed medications. Treatment to date has included a bilateral S1 epidural injection on 5-29-14 with no relief, an L4-L5 epidural injection on 10-24-13 with 80% relief for 2 weeks, Percocet, MS Contin and Vicodin. The Utilization Review dated 9-25-15, non-certified the request for Tyl-Cod #4 300-60mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tyl-Cod #4 300/60mg qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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: Based on the 8/26/15 progress report provided by the treating physician, this patient presents with worsening lower backache with numbness/tingling, left knee pain rated 8/10 on average. The treater has asked for TYL-COD #4 300/60MG QTY 180.00 on 8/26/15. The request for authorization was not included in provided reports. The patient had a prior left knee arthroscopy from 3/1/13 per 5/5/15 report. The patient is currently taking Celebrex, Tramadol, and Tylenol-Codeine per 8/26/15 report. The patient's pain level has remained unchanged, and has no new injury or change in location of pain since last visit per 8/26/15 report. The patient's work status is not included in the provided documentation. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states that "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, page 77, 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." The treater does not discuss this request in the reports provided. The patient has been taking Tylenol-Codeine since 4/8/15 report and in subsequent reports dated 5/18/15, 7/30/15, and 8/26/15. Since the 7/1/15 report, the treater has added Tramadol to the patient's medication regimen as the patient feels his current pain medications are not providing adequate pain control and would like to increase dose of medications. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen on 8/26/15 was inconsistent with prescribed medications; in progress report of the same date, the patient stated that he took one of his daughter's Norco due to his pain. There was no CURES and no opioid contract provided in the documentation. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.