

Case Number:	CM15-0205141		
Date Assigned:	10/22/2015	Date of Injury:	10/23/2000
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 68 year old male, who sustained an industrial injury on 10-23-2000. A review of the medical records indicates that the worker is undergoing treatment for postlaminectomy syndrome of the lumbar spine. Subjective complaints (05-19-2015) included back, shoulder and knee pain that was noted to be controlled "not with a small amount of Tylenol #4 medication." Objective findings (05-19-2015) showed mild to moderate midline tenderness of the lumbar spine, loss of lumbar lordosis and decreased range of motion of the lumbar spine. Subjective complaints (08-04-2015) included back pain. The physician noted that the worker was maintained on a small amount of Tylenol #4 taking 2-4 per day and rarely up to 6 which was noted to allow him to be active and to exercise by walking and that he was essentially bed ridden if he didn't have adequate pain relief. The physician noted that the worker had been weaned off MS Contin but was unsuccessful at weaning the codeine and that the Codeine improved his quality of life to the point that it would be necessary indefinitely. Objective findings (08-04- 2015) included diffuse lumbar tenderness midline, mild paraspinous tenderness, limited range of motion and an antalgic gait. Treatment has included Tylenol with Codeine (since at least 2012) and MS Contin. A utilization review dated 10-09-2015 modified a request for Tylenol-Codeine from No.4 #150 to certification of No. 4 #68 between 08-04-2015 and 01-05-2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol-Codeine No 4 quantity 150: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Tylenol-Codeine #4 nor sufficient documentation addressing the "4 A's" domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted per the medical records that the injured worker is able to be active and exercise by walking with the use of medications, and that he is essentially bed ridden without adequate pain relief. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring appropriate medication use, the request is not medically necessary.