

Case Number:	CM15-0025460		
Date Assigned:	02/18/2015	Date of Injury:	08/07/2004
Decision Date:	04/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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 47 year old male, who sustained an industrial injury on 08/07/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include depressive disorder not elsewhere classified, low back pain, other chronic pain, myalgia and myositis, unspecified, and radicular syndrome of the lower limbs. Treatment to date has included a medication regimen. In a progress note dated 12/22/2014 the treating provider reports that the injured worker is having negative effects with Norco and would like to change this medication. The treating physician discontinued the medication Norco and requested a new prescription of Tylenol #3 for pain. On 01/16/2015 Utilization Review non-certified the requested treatment of one medication of Tylenol with Codeine #3 (Acetaminophen/Codeine) one tablet three times a day for pain with a quantity of 90 with no refills, as an outpatient for management of symptoms related to depressive disorder and low back pain between the dates of 01/07/2015 and 02/06/2015, but the documentation provided by the Utilization Review did not contain the guidelines cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine #3 (Acetaminophen/Codeine) QTY: 90.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The 1/16/15 Utilization Review letter states the Tylenol no. 3 requested on the 12/22/14 medical report was modified for weaning because there was no documentation why ongoing opioid treatment was necessary. According to the 12/22/14 pain management report, the patient presents with 10/10 low back pain. The patient had "negative effects" with Norco and wants to change medications. The physician discontinues Norco and tries Tylenol #3, tid. The Utilization Review letter did not provide a reason why the Tylenol #3 needs to be weaned, if this was the initial prescription. MTUS does provide a section on Opioids for long-term use, over 6-months, but the appropriate guideline in this case appears to be with the section on pain outcomes and endpoints. MTUS guidelines, page 8 for Pain Outcomes and Endpoints states: "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities". The physician has recommended a trial of Tylenol no. 3 because the patient had a negative effect with use of Norco. The request for a trial of Tylenol no. 3 for control of severe 10/10 pain appears to be in accordance with MTUS guidelines. The request for Tylenol with codeine #3 (acetaminophen/codeine) qty: 90, IS medically necessary.