

Case Number:	CM15-0213378		
Date Assigned:	11/03/2015	Date of Injury:	05/09/2014
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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: Preventive Medicine, Occupational Medicine

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 90 year old male, who sustained an industrial injury on 5-9-14. The injured worker was diagnosed as having status post umbilicus bilateral inguinal hernia repairs on 6-18-14 and persistent pain in the left groin and abdomen. Subjective findings (5-4-15, 6-29-15, 7-27-15, 8-24-15 and 9-21-15) indicated bilateral hernia pain. The injured worker rated his pain 5-6 out of 10 with medications and 8-10 out of 10 without medications. Objective findings (5-4-15, 6-29-15, 7-27-15, 8-24-15 and 9-21-15) revealed tenderness over the abdomen. He is using a cane for ambulation. Current medications include Celebrex, Movantik and Tylenol #3 (since at least 6-1-15). Treatment to date has included knee surgery on 2-19-15, physical therapy for the knees and Naprosyn. The Utilization Review dated 10-5-15, modified the request for Tylenol #3 #360 to Tylenol #3 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Tylenol #3 for some time with documented quantifiable pain relief and objective evidence of functional improvement. The request for continued use of Tylenol #3 is supported, however, this request for 3 refills is not supported. The injured worker is followed up on a monthly basis, therefore, this request is not supported. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tylenol #3, #360 is not medically necessary.