

Case Number:	CM15-0223753		
Date Assigned:	11/19/2015	Date of Injury:	04/28/2015
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 30 year old, male who sustained a work related injury on 4-28-15. A review of the medical records shows he is being treated for low back pain. In the First Report dated 9-9-15 and Primary Treating Physician Progress Report dated 10-14-15, the injured worker reports back stiffness, numbness in right leg, radicular pain in right leg and weakness in right leg. He has lumbar back pain. He reports lumbar range of motion is worse. He rates his pain level a 4 out of 10. Upon physical exam dated 10-14-15, he has pain with palpation over the L3-S1 facet capsules with secondary myofascial pain with triggering, "ropey fibrotic banding", and spasm. Treatments have included physical therapy x 6 sessions-some benefit, lumbar epidural steroid injection 8-13-15, "full resolution of lower extremity pain, without benefit for axial spinal pain", and medications. Current medications include Celebrex, Tylenol with Codeine #3 and Prozac. He has been taking the Tylenol #3 since last visit of 9-9-15 without much benefit of decreasing pain level or improving functional capabilities. He is working light duty. The treatment plan includes requests for Butrans patches, Inderal and Tylenol with Codeine #3, for physical therapy and a cardiac evaluation. The Requests for Authorization dated 10-14-15 has requests for a cardiac evaluation, for physical therapy, for Butrans patches, Inderal and Tylenol with Codeine #3. In the Utilization Review dated 10-22-15, the requested treatment of Tylenol with Codeine 60-300mg. #3 #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine 60/300 #3 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol with Codeine 60/300 mg, #3, #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are industrial injury lumbar spine with neuropathic radiculopathy. Date of injury is April 28, 2015. Request for authorization is October 14, 2015. The earliest progress note containing prescription for Codeine 60/300 mg, #3 is dated September 9, 2015. According to an October 14, 2015 progress note, subjective complaints include back pain with weakness and numbness in the right leg. Pain is 4/10. Objectively, there is tenderness to palpation from L3 - S1 lumbar spinal muscles with positive straight leg raising bilaterally. The first issue concerns the prescription as written. Tylenol with Codeine 60/300 mg is Tylenol #4, not Tylenol #3. Tylenol #3 is correctly written, Tylenol with codeine 30/300 mg. The documentation does not demonstrate objective functional improvement to support ongoing Tylenol with codeine #4. There is no documentation indicating an attempt to wean Tylenol #4. There are no detailed pain assessments or risk assessments. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and incorrectly written request for Tylenol #3 versus Tylenol #4 and no documentation demonstrating objective functional improvement, Tylenol with Codeine 60/300 mg, #3, #90 is not medically necessary.