

<b>Case Number:</b>	CM15-0031547		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, 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 51-year-old male, who sustained an industrial injury on January 24, 2002. He has reported right ankle and low back pain. His diagnoses include status post bilateral carpal tunnel release, status post right ankle, lumbosacral sprain/strain, and depressive disorder not otherwise specified with psychological factors affecting medical condition. He has been treated with urine drug screening, physical therapy, transcutaneous electrical nerve stimulation (TENS), and medications including an analgesic and an anticonvulsant. On December 12, 2014, his treating physician reports increased symptoms, pins and needles in the foot following an adjustment of his lumbosacral spinal cord stimulator implant the prior week. His pain was described as severe constant, sharp, burning, numbness, weakness, ache, and soreness. The physical exam revealed a limp with favoring the left lower extremity, a slow gait, and use of a single point cane. There was scapula-acromium, acromioclavicular, and supraspinatus tendon tenderness to palpation, mildly decreased range of motion, and positive impingement. There was lumbosacral tenderness to palpation at the paravertebral and quadratus lumborum, positive straight leg raise, positive bilateral lower extremity Kemp's, decreased sensation at the right lower extremity lumbar 4-lumbar 5, decreased rom, and decreased deep tendon reflexes of bilateral lower extremities. There were no urological findings documented. The treatment plan includes a surgical consultation. On February 20, 2015, the injured worker submitted an application for IMR for review of a prescription for Tylenol #4 QTY: 90 and a request for a urology consultation. The Tylenol #4 was modified based on this medication is not usually recommended for long-term analgesic use and a slow taper is recommended. The patient

continues to have the same pain, and there doesn't seem to be any functional improvement from the use of this medication. The urology consultation was non-certified based on lack of documentation of indication, symptoms, or medical necessity for a urological consultation. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol #4 QTY 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

**Decision rationale:** Regarding the request for Tylenol #4 (codeine/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Tylenol #4 is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol #4 is not medically necessary.

**Urology Consultation QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." However, within the submitted documentation, two progress notes on 12/15/2014 and 1/26/2015 did not indicated any urological complaints, with notable negative

review of system in the genitourinary section. Therefore, the medical necessity of such refer is not established.