

Case Number:	CM15-0038646		
Date Assigned:	03/09/2015	Date of Injury:	01/04/2008
Decision Date:	04/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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 61 year old female, who sustained an industrial injury on January 4, 2008. She has reported an injury of the neck, low back, and right knee. The diagnoses have included cervical hyperextension/hyperflexion injury, and lumbar discopathy. Treatment to date has included medications, and imaging. Currently, the IW complains of continued neck, low back, and right knee pain. She rates her knee pain as 7-8/10, neck pain as 7/10, and low back pain as 8-9/10. She reports her medication regimen is helpful. Physical findings revealed are tenderness in the neck, and low back areas. There is Limited range of motion in the neck, low back, and right knee. The knee is also noted to have tenderness, and a positive McMurray's test. She is noted to have been prescribed Tylenol No. 3, since at least November 2014. On January 30, 2015, Utilization Review non-certified Tylenol No. 3, #90, one by mouth every 6-8 hours, with 2 refills. The Chronic Pain Medical Treatment guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Tylenol No. 3, #90, one by mouth every 6-8 hours, with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol no. 3 #90, 1 PO Q6-8H with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3, #90 one tablet every 6 to 8 hours with two refills 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 by the 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. In this case, the injured worker's working diagnoses are cervical hyperextension/hyperflexion injury; cervical sprain/strain syndrome; two level cervical discopathy; right upper extremity overuse tendinopathy; two level lumbar discopathy at L4 - L5 and L5 - S1 with right side radiculopathy. Subjectively, the injured worker has complaints of right knee pain, persistent neck pain, low back pain, right wrist and hand pain, and ongoing anxiety and depression. Objectively, there is tenderness at the occipital insertion of the paracervical musculature; significant tenderness bilaterally at the trapezii; the midline and base of the cervical spine are tender. The chest wall is slightly tender secondary to mild or contusion. The neurologic evaluation is normal. The lumbar spine is tender to palpation. There are no risk assessments in the medical record. There are no detailed pain assessments (with ongoing opiate use). There is no documentation of objective functional improvement associated with ongoing long-term Tylenol #3. Consequently, absent clinical documentation with objective functional improvement to gauge Tylenol #3's efficacy, risk assessments and detailed ongoing pain assessments, Tylenol #3, #90 with 2 refills are not medically necessary.