

Case Number:	CM15-0046924		
Date Assigned:	03/19/2015	Date of Injury:	03/10/1983
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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 70 year old female, who sustained an industrial injury on 3/10/1983. Diagnoses include midline low back pain without sciatica, lumbar facet arthropathy, and chronic sacroiliac joint pain and failed back surgery syndrome. Treatment to date has included medications, injections, TENS unit and diagnostics. Per the Primary Treating Physician's Progress Report dated 1/15/2015, the injured worker reported aching, stabbing pain in the bilateral low back and coccyx. Average pain is rated as 5/10 and average pain interference is 8/10. Physical examination revealed musculoskeletal tenderness. The plan of care included medication management and authorization was requested for Tylenol with Codeine #3, Gabapentin 100mg, and Butrans patch 15mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codine #3: 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 CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient presents with chronic back pain, rated 8/10. The request is for TYLENOL WITH CODEINE #3 BID. There is no RFA provided and the date of injury is 03/10/83. Diagnoses, per 10/29/14 report included low back pain, lumbar facet arthropathy, chronic sacroiliac joint pain, and failed back surgery syndrome. Current medications include Tylenol #3, Butrans patch and Gabapentin, per 01/15/15 report. The physician reports the patient does not present with aberrant behavior and urine drug screens have been consistent. The patient's work status is unavailable. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS Guidelines page 60-61 state that before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. Per 01/15/5 progress report, treater states, "Patient is no longer able to get Norco, try Tylenol #3, 1-2 twice a day." The utilization review dated 02/20/15 did not provide a rationale but stated, "It seems reasonable to start a taper...first by stopping Tylenol #3." The provided medical reports do not reflect any prior use of Tylenol #3 and the physician has requested a trial of the medication. A trial of Tylenol # 3 may be appropriate given the patient's history of opiate use and to provide some analgesia. For ongoing use of this medication, the treater will need to provide documentation of pain and functional improvement including the 4A's going forward, the recurrent request of Tylenol No. 3 IS medically necessary.