

Case Number:	CM15-0053560		
Date Assigned:	03/27/2015	Date of Injury:	03/21/2003
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 50-year-old female, who sustained a work/industrial injury on 3/21/03. She has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having cervical radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy and right knee pain. Treatments to date included medication, surgery (right L4-5, L5-S1 transforaminal cannulation lumbar epidural space on 10/23/10; comminuted right proximal humerus fracture with open reduction internal fixation (ORIF); total knee arthroplasty 9/16/11), epidural steroid injection, physical therapy, dynamic brace, and aquatic therapy. Magnetic Resonance Imaging (MRI) was performed on 11/7/06 (right ankle); 3/10/08 (right knee); 6/29/10 (lumbar spine); 5/11/13 (cervical spine); 5/11/13 (lumbar spine). Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 12/14/09. X-ray's were performed on 3/22/03. Currently, the injured worker complains of neck pain that radiated down both upper extremities and back pain that radiated down both lower extremities with numbness of the right lower extremity. The treating physician's report (PR-2) from 1/26/15 indicated the gait was antalgic and slow. Cervical exam noted cervical spinal vertebral tenderness at C3-7, myofascial trigger points, limited range of motion, and decreased sensation in the right upper extremity with affected dermatome of C4-6. Lumbar exam noted spasm in the right paraspinous musculature, tenderness with palpation at L4-S1 level, limitations in range of motion and decreased sensitivity at dermatome L4-5 of the right lower extremity. Straight leg raise (SLR) is positive. Treatment plan included Tylenol No 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No 4 #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Tylenol #3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction of pain and functional improvement with previous use of Tylenol. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tylenol). There is no clear documentation of the efficacy/safety of previous use of Tylenol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tylenol No. 4 #110 is not medically necessary.