

Case Number:	CM14-0173586		
Date Assigned:	10/24/2014	Date of Injury:	01/31/2001
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 63 year old employee with date of injury 1/31/01. Medical records indicate the patient is undergoing treatment for Chronic pain syndrome, sacroilitis, Post Laminectomy Syndrome lumbar, Degeneration of lumbosacral intervertebral disc, Lumbosacral spondylosis with myelopathy, muscle spasm, cervical spondylosis with myelopathy, and pain in joint pelvic region and thigh. Subjective complaints include pain in the right shoulder; lower back, mid back with radiation down the left leg. She has pain in outer upper part of both arms. Patient's pain level at worst 6-7/10 and at least 5-6/10. Patient reports pain worse and negatively affecting her functionality of activities of daily living. Objective complaints include moderate pain noted on exam. Patient has flattening of normal lumbar lordosis, and spine extension very limited and painful. SLR (straight leg raise) is positive on the left for radiculitis and pain and edema presenting in extremities. Back and neck pain remain the same - no change. Treatment has consisted of chiropractic treatments, PT, massage, acupuncture treatments, home exercise program, steroid injections right and left greater trochanter bursa, fusion of L3-S1 and L1-L2. Patient has had evaluations by neurosurgeon, neurologist, spine surgeon and pain management. Medications include Lansoprazole 30mg ac, Spiriva 18mcg daily, Lexapro 20mg daily, Abilify 5mg QD (daily), Symbicort 160-4.5mcg 2 puffs bid, Fentanyl 12mcg patch q (every) 12hrs, Ventolin 108 mcg 2 puffs pen, Metoprolol 25mg bid (2x a day), Losartan 50mg bid, Metformin 500mg qd, Amlodipine 5mg qd, Norco 10/325mg q 6hrs. The utilization review was rendered on 10/02/14 recommending on-certification of #120 tablets of Tylenol/Codeine #3 300/30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol/Codeine #3, 300/30mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for 120 tablets of Tylenol/Codeine #3, 300/30mg is non-certified.