

Case Number:	CM14-0211640		
Date Assigned:	12/24/2014	Date of Injury:	04/27/2010
Decision Date:	02/19/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Texas
 Certification(s)/Specialty: Family Practice

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 patient is a 61-year-old female who reported a work related injury on 05/27/2010. The mechanism of injury was not provided for review. The diagnoses were noted to include status post anterior/posterior lumbar fusion at L4-5 and L5-S1 performed on 11/21/2012, with residual low back pain and lower extremity pain; grade 1 anterolisthesis at L5-S1 with instability in flexion/extension; severe disc height collapse and neural foraminal stenosis at L5-S1 with bilateral lower extremity radiculopathy. Her past treatments were noted to include medication, physical therapy, and surgical intervention. There were no prior pertinent diagnostic studies provided for review. Her surgical history was noted to include an anterior/posterior lumbar fusion at L4-5 and L5-S1, performed on 11/21/2012. Per most recent clinical note dated 05/27/2014, it was noted that the patient complained of intermittent low back pain rated as a 5/10 on a VAS pain scale. She complained of pain in the incision site with numbness in the right leg and toes. However, the patient stated that the symptoms were getting better. Upon physical examination of the lumbar spine, there were paraspinal spasms and tenderness. Range of motion revealed forward flexion at 40/60 degrees, extension 10/25 degrees, right lateral bend 15/25 degrees, and left lateral bend at 10/25 degrees. Lower extremity motor strength examination revealed weakness of extensor hallucis longus bilaterally. It was noted that a urine drug tests was performed on 04/29/2014 and was consistent with her medication, with no aberrant behavior or misuse of medications. However, hydrocodone was inconsistent with the prescription therapy. Her current medications were noted to include Norco and topical creams. The

treatment plan and rationale for the request was not provided for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 30/300mg QTY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tylenol No. 3 30/300 mg quantity 60 is non-certified. The California MTUS Guidelines recommend short term use of medications with the treatment of chronic pain. Ongoing use of opioids is contingent on the documentation of the 4 domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 4 domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. This documentation must be objective and measurable as to make a reasonable and evidence based decision for continued use. Therefore, due to lack of quantitative evidence indicating pain relief, increased ability to perform activities of daily living, and adverse side effects, the request for Tylenol No. 3 30/300 mg quantity #60 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS states drug testing is recommended as an option, using a urine drug screen to assess the use or the presence of illegal drugs. Within the documentation provided for review, it was noted that the patient had a urine drug screen that was performed on 04/29/2014. The screening was positive for hydrocodone, which was consistent with the patient's prescribed Norco. There was no evidence of drug abuse or substance abuse which would place the patient in a high risk category. Moreover, the recent drug screen was consistent with the patient's prescribed medications. Therefore, the request for a urine drug screen is not medically necessary.