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| Case Number: | CM14-0211809 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 06/19/2004 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 11/22/2014 |
| 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: Maryland, District of Columbia
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 employee is a 57 year old female with a date of injury of 06/19/2004. The request is for Tylenol no. 4 with Codeine #120. She was being treated for chronic low back pain with radiation. The visit note from 11/06/14 was reviewed. She has pain in back shooting into her right leg with heavy and numb sensation with burning component of pain. She reported 50% reduction in her pain, 50% functional improvement with activities of daily living with the medications. She rated her pain at 9/10, at best 4/10 with the medication, a 10/10 without them. She occasionally took Skelaxin for back spasms and used Voltaren Gel for myofascial pain. She was not working. Pertinent examination findings included limited range of motion of back, muscle spasm with loss of lordotic curvature with right antalgic posture. She reported altered sensory loss to light touch and pinprick at the right lateral calf and foot. Impression included low back pain, severe degenerative disc disease, disc herniation at L5-S1 compromising the right S1 nerve root with chronic right leg radiculopathy and muscle spasms, cervical sprain/strain with underlying spondylosis and history of cervicogenic headaches related to post-concussive injury closed head injury. Urine drug screens have been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 with Codeine #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 77-80.

Decision rationale: The employee is a 57 year old female with a date of injury of 06/19/2004. The request is for Tylenol no. 4 with Codeine #120. She was being treated for chronic low back pain with radiation. The visit note from 11/06/14 was reviewed. She has pain in back shooting into her right leg with heavy and numb sensation with burning component of pain. She reported 50% reduction in her pain, 50% functional improvement with activities of daily living with the medications. She rated her pain at 9/10, at best 4/10 with the medication, a 10/10 without them. She occasionally took Skelaxin for back spasms and used Voltaren Gel for myofascial pain. She was not working. Pertinent examination findings included limited range of motion of back, muscle spasm with loss of lordotic curvature with right antalgic posture. She reported altered sensory loss to light touch and pinprick at the right lateral calf and foot. Impression included low back pain, severe degenerative disc disease, disc herniation at L5-S1 compromising the right S1 nerve root with chronic right leg radiculopathy and muscle spasms, cervical sprain/strain with underlying spondylosis and history of cervicogenic headaches related to post-concussive injury closed head injury. Urine drug screens have been appropriate. The employee was being treated for chronic pain syndrome. She had been treated with Tylenol #4 with improvement of pain and functional improvement. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. She had consistent urine drug screens and also had documented improvement of pain, functional improvement with pain medications. Hence the request for ongoing use of Tylenol #4 is medically necessary and appropriate.