

Case Number:	CM15-0000279		
Date Assigned:	01/09/2015	Date of Injury:	12/15/1999
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 74 year old female, who sustained an industrial injury on 12/15/99. She has reported low back and bilateral leg pain. The diagnoses have included degenerative spine disease with spinal stenosis at multiple levels and bilateral foraminal narrowing at multiple levels. Treatment to date has included transforaminal epidural steroid injection, Lidoderm patches and Tylenol with codeine. Currently, the IW complains of bilateral leg pain in calves after walking. Per the PR2 dated 11/19/14 the IW is having pain behind her calves bilaterally after walking, resting improves the pain, her back pain is under control and she has a torn meniscus in the left knee for which she is getting injections. On 12/19/14 Utilization Review modified a certification for a prescription of Tylenol #3 #120 to # 100, noting it is a trial to taper to a lower dose if possible by decreasing the dosage by 10 %. Treating physician notes dated 11/04/2015 and 11/10/2014 were also reviewed. On 11/20/14, the injured worker submitted an application for IMR for review of Tylenol #3 #120 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Qty: 100 with 0 refill for the purpose of a trial to taper to a lower dose or to cessation if possible by decreasing dosage by 10% every 2-4 weeks: Upheld

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 Opioids; Weaning of medications Page(s): 74-95; 124.

Decision rationale: Tylenol #3 (acetaminophen with codeine) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation indicated the worker was experiencing pain in her knees and back that had significantly improved and on-going pain in her hips in the area near where the base of the back meets the pelvis. The documented pain assessments were minimal and did not contain the majority of the elements recommended by the Guidelines. However, these records reported the worker was not taking any medications for the pain, and the pain intensity was tolerable. There was no discussion suggesting why a taper of this medication was needed in this situation. In the absence of such evidence, the current request for 100 tablets of Tylenol #3 (acetaminophen with codeine) 300/30mg without refills for the purpose of a trial to taper to cessation if possible or to a lower dose if not with the medication to be decreased by 10% every two to four weeks is not medically necessary.