

Case Number:	CM15-0012231		
Date Assigned:	01/29/2015	Date of Injury:	06/06/2002
Decision Date:	03/24/2015	UR Denial Date:	01/04/2015
Priority:	Standard	Application Received:	01/21/2015

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 73 year old male with an industrial injury dated 06/06/2002. The injured worker tried to jump up onto a drum full of waste to label it. He put his right foot up onto the drum and pushed off with his left foot. He injured his right knee and low back. In 2011 he developed a problem with his speech after right knee surgery. He was evaluated by ENT and left vocal cord was not working. On 10/16/2014, he presented for further evaluation of low back, right knee and right shoulder pain. He has a feeding tube and has been receiving Tylenol # 4 through the feeding tube which has helped with back pain. Physical exam notes the injured worker is wheel chair bound and unable to talk. He is unable to stand. Prior treatments include physical therapy, chiropractor treatments, and motorized electric wheelchair. He has a chair lift at home. The injured worker has had the following surgeries: right total knee replacement, anterior cervical discectomy and fusion, lumbar laminectomy and a debridement procedure on his low back because of an infection. MRI reports are documented in the 10/16/2014 note. Currently the injured worker was in a rehabilitation center. Diagnoses include: Chronic low back, bilateral lower extremity weakness and pain status post decompressive surgery at lumbar 3-4 and lumbar 4-5 August 2008, Chronic right knee pain post total knee replacement on 07/29/2011. Chronic neck pain, history of multilevel spinal fusion in June 2008. Chronic right and left shoulder pain. On 01/04/2015 the request for Tylenol # 4 (60) with 2 refills was modified to Tylenol # 4 (60), no refills. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 88.

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 longterm 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 his medications. There is no clear justification for the need to continue the use of Tylenol. Therefore, the prescription of Tylenol #4 QTY: 60 with 2 refills is not medically necessary.