

Case Number:	CM15-0012292		
Date Assigned:	01/29/2015	Date of Injury:	04/30/2006
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
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 68 year old male, who sustained an industrial injury on April 30, 2006. The diagnoses have included cervical fusion, removal of hardware and possible pseudo arthrosis. Treatment to date has included surgery and oral medication. Currently, the Injured Worker complains of continued neck pain and limited range of motion (ROM). Treatment includes X-ray and oral medication and plan for CAT scan of cervical spine. On December 22, 2014 utilization review non-certified a request for Tylenol #4 quantity 60 refills 3 and Atarax 25mg quantity 30 refills 3. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 qty 60 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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 3 refills is not medically necessary.

Atarax 25 mg qty 30 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anxiety medications in chronic pain <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, Anxiety medications in chronic pain< Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below>. There is no documentation that anxiety is an important part of the patient chronic pain syndrome. Therefore, the request for Atarax 25 mg qty 30 refills: 3 is not medically necessary.

