

<b>Case Number:</b>	CM15-0015937		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 31 year old female who sustained an industrial injury on 09/09/2014 while lifting a heavy box. She has reported chronic pain in the neck, left shoulder, midback, and lower back. Diagnoses include neck pain, left shoulder pain, and cervical radiculopathy. Treatments to date include chiropractic sessions and pain medication. In a progress note dated 12/18/2014 the treating provider reports normal strength, reflexes and sensation in the upper and lower extremities. She complained of pain in the left upper extremity with on and off numbness and tingling sensation. Seated straight leg raising test prompted complaints of heaviness in the back. Left shoulder abduction was measured at 50-60 degrees, and right shoulder abduction at 80-90 degrees. Cervical, thoracic, and lumbar paraspinal muscles had tenderness bilaterally as did the rhomboid, trapezius and lumbar facet joints. Back flexion and extension were at 20-30 % and the cervical flexion was at 50-60 %. The treatment plan was for an EMG/nerve conduction study of the left extremity in which she had radicular pain. Non-steroidal anti inflammatories and Opioid medication were prescribed. On 01/23/2015 Utilization Review non-certified a request for Tylenol No. 3, #60 noting that "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics". The MTUS Chronic Pain, Opioids was cited. On 01/23/2015 Utilization Review non-certified a request for Relafen 500mg, #30 noting the Relafen is indicated as a second-line treatment after acetaminophen. There is no documentation of the IW having used acetaminophen for the chronic pain. Based on the guidelines and documentation, Relafen is non-certified. The MTUS Chronic Pain NSAIDs was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 09/09/14 and presents with pain in the neck, left shoulder, midback, and lower back. The request is for TYLENOL NO. 3 #60. The RFA is dated 12/18/14 and the patient is on a modified work duty with no lifting greater than 15 lbs, no heavy/repetitive pushing/pulling, no repetitive work at or above left shoulder, and with stretch breaks every 10 minutes per hour. The patient has been taking this medication as early as 12/18/14. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 12/19/14 report states that the patient rates her pain as a 3/10 to an 8/10. On 01/22/15, she rated her pain as a 5/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although the treater provides general pain scales, there are no before and after pain scales provided. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tylenol No. 3 IS NOT medically necessary.

**Relafen 500mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient was injured on 09/09/14 and presents with pain in the neck, left shoulder, midback, and lower back. The request is for RELAFEN 500 MG #30. The RFA is dated 12/18/14 and the patient is on a modified work duty with no lifting greater than 15 lbs, no heavy/repetitive pushing/pulling, no repetitive work at or above left shoulder, and with stretch breaks every 10 minutes per hour. The patient has been taking this medication as early as

12/18/14. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The reason for the request is not provided, nor do any of the reports mention how Relafen has impacted the patient's pain and function. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Due to lack of documentation, the requested Relafen IS NOT medically necessary.