

Case Number:	CM15-0118719		
Date Assigned:	06/29/2015	Date of Injury:	12/03/2007
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury December 3, 2007. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve a request for Tylenol with Codeine. The claims administrator referenced an RFA form dated May 29, 2015 in its determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported ongoing complaints of neck, low back, upper extremity, and lower extremity pain with derivative complaints of headaches. The applicant reported 8/10 pain with medications versus 9/10 pain without medications. The applicant was worsened since the preceding visit, it was reported. The attending provider acknowledged that the applicant was limited in his ability to perform self-care, personal hygiene, walk, stand, and use his hand secondary to his severe pain complaints. The applicant exhibited a visibly antalgic gait in the clinic. Laboratory testing was endorsed. The applicant was not working and had been deemed "permanently disabled," the treating provider reported. Neurontin and tramadol were prescribed on this date. On May 18, 2015, the applicant reported ongoing complaints of low back and neck pain with radiation of pain to bilateral upper and bilateral lower extremities. Sitting, standing, walking, twisting, rotating, gripping, grasping, self-care, and personal hygiene all remained problematic, it was reported. 9/10 pain with medications versus 10/10 pain without medications was reported. The applicant's current medications were not helping, the treating provider acknowledged. The applicant was not working and had been deemed permanently disabled, it was reported. The attending provider nevertheless went on to renew Lidoderm patches, naproxen, and Tylenol with Codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine #4, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Delayed Recovery; Assessment Approaches; History and Physical Examination; Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Tylenol with Codeine, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed permanently disabled, it was stated on the May 18, 2015 progress note at issue. On that date, the applicant was described as having difficulty performing activities of daily living as basic as self-care, personal hygiene, sitting, standing, walking, etc., owing to ongoing pain complaints while the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 9/10 with medications. These reports suggested that the applicant was only deriving minimal-to-marginal benefit from ongoing opioid consumption and were, moreover, outweighed by the applicant's failure to return to work and the attending provider's continued reports that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, self-care, and personal hygiene owing to ongoing pain complaints. Therefore, the request was not medically necessary.