MAXIMUS Federal Services

Case Number:	CM15-0120871		
Date Assigned:	07/01/2015	Date of Injury:	08/01/2003
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, Michigan
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 injured worker is a 41 year old female, who sustained an industrial injury on August 1, 2003. The injured worker was diagnosed as having L5-S1 lumbar spondylosis, bilateral carpal tunnel syndrome, and morbid obesity. Treatments and evaluations to date have included physical therapy, bracing, and medications. Currently, the injured worker complains of low back pain radiating to her legs. The Primary Treating Physician's report dated May 12, 2015, noted the injured worker reported no improvement with Ultram, just starting physical therapy having undergone one of three visits authorized. Physical examination was noted to show tenderness of the lower lumbar paravertebral musculature. The treatment plan was noted to include the additional two physical therapy visits, with a request for authorization for Tylenol with Codeine #3 and referral for a repeat urine toxicology screen. The injured worker was noted to remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tylenol with codeine #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include 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, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The injured worker was noted to have been receiving opioid therapy, including Tramadol and Norco, since October 21, 2014. The injured worker was noted to have continued pain, noting no improvements with each medication. The documentation provided did not include documentation of objective, measurable improvements in pain, function, or quality of life with the opioid therapy. The injured worker was noted to remain temporarily totally disabled without improvement in ability to return to work. The documentation did not include the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, or how long the pain lasts with any of the previous opioid medications. The injured worker is noted to have begun physical therapy, and the injured worker's response to therapy should be evaluated prior to the addition of a medication. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for 60 Tylenol with codeine #30 with 2 refills.

1 Urine drug toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends use of drug screening for issues of abuse, addiction, or poor pain control. As the injured worker was noted to having the Ultram discontinued, the request for the Tylenol with Codeine #3 was denied, and there was no documentation of the injured worker using any other opioid medication, the request for the urine drug toxicology screen is not medically necessary.