

Case Number:	CM15-0121361		
Date Assigned:	07/02/2015	Date of Injury:	12/17/2012
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 17, 2012. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for Tylenol with Codeine. The claims administrator referenced an RFA form received on June 5, 2015 in its determination. The applicant's attorney subsequently appealed. On February 26, 2015, the applicant reported highly variable 3-5/10 pain complaints. The applicant was using Tylenol No. 3 twice to thrice daily, Pamelor twice daily, and topical LidoPro. It was suggested that the applicant was working with restrictions in place at this point. Multiple medications were renewed while chiropractic manipulative therapy and lumbar MRI imaging were sought. The attending provider stated that the applicant's pain medications were ameliorating her walking tolerance, were ameliorating her ability to work, and were reducing her pain scores by 25%. In an applicant questionnaire dated April 30, 2015, the applicant stated, however, that she was not working. In an associated progress note of the same date, April 30, 2015, however, the attending provider stated, somewhat incongruously, that the applicant was working. The attending provider again maintained that the applicant's medications were ameliorating her pain complaints and improving her walking tolerance. 4-6/10 pain complaints were nevertheless reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol/Codeine 300/30mg #150: Upheld

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

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 No. 3, an opioid agent, 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, it did not appear that the applicant had returned to work. The applicant acknowledged on questionnaires dated February 26, 2015 and April 30, 2015 that she was not, in fact, working. While the attending provider did recount some reduction in pain scores on that date, these reports of reduction in pain scores were, however, outweighed by the attending provider's failure to outline meaningful, material improvements in function (if any) as a result of ongoing opioid usage, the attending provider's incongruous reporting of the applicant's work status, and the applicant's seeming failure to return to work. The attending provider, however, did not, however, seemingly acknowledge the applicant's failure to work in progress notes of April 30, 2015 and February 23, 2015, at which point, he maintained that the applicant was working, despite the applicant's statements to the contrary on questionnaires dated February 26, 2015 and April 30, 2015. Therefore, the request was not medically necessary.