

Case Number:	CM15-0121603		
Date Assigned:	07/02/2015	Date of Injury:	02/18/2013
Decision Date:	09/18/2015	UR Denial Date:	06/16/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female who sustained an industrial injury on 2/18/13. The injured worker was diagnosed as having myofascitis, right subscapularis bursitis and right supraspinatus with long bicipital tendinosis. Currently, the injured worker was with complaints of right shoulder pain. Previous treatments included oral pain medication, physical therapy, activity modification, injection therapy, acupuncture treatment and pool therapy. Provider documentation notes the injured worker is permanent and Stationary. Previous diagnostic studies included functional capacity evaluation and a magnetic resonance imaging. The injured workers pain level was noted as 6-7/10 without medication and a 5/10 with medication use. Physical examination was notable for right shoulder with moderate tenderness over the right long bicipital tendon and long glenohumeral joint, cervical spine with spasms and pain noted. The plan of care was for Tylenol #3 quantity of 60 with 4 refills, Colace 100 milligrams quantity of 60 with 6 refills and Robaxin 500 milligrams quantity of 30 with 6 refills. Notes indicate that the patient uses Tylenol # 3 sparingly. Urine drug screening and CURES reports have been obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 quantity: 60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tylenol #3 quantity: 60 with 4 refills, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects and the patient is noted to undergo monitoring. However, there is no documentation of functional improvement as a result of this medication. Additionally, notes indicate that the patient had recently been using Hydrocodone and Tylenol #3 interchangeably and was recently recommended to stop using the Hydrocodone altogether. A one-month prescription of Tylenol #3 may be reasonable to allow for documentation of objective functional improvement, and follow up on the recently requested urine drug screen, but a 5 month supply of medication cannot be justified in light of the above issues. Unfortunately, there is no provision to modify the current request. As such, the currently requested Tylenol #3 quantity: 60 with 4 refills is medically necessary.

Colace 100mg quantity: 60 with 6 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Colace, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, it appears the patient does have constipation as a result of opiate use. However, the current request is for 7 months worth of stool softener medication. The medical necessity for 7 months worth of opiate pain medication has not been provided. Unfortunately, there is no provision to modify the current request. As such, the currently requested Colace is not medically necessary.

Robaxin 500mg quantity: 30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested methocarbamol (Robaxin) is not medically necessary.