

Case Number:	CM15-0171639		
Date Assigned:	09/11/2015	Date of Injury:	04/29/2015
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This 50 year old male sustained an industrial injury on 4-29-15. Documentation indicated that the injured worker was receiving treatment for a head and neck injury. Computed tomography cervical spine (4-29-15) showed a non-displaced fracture of the spinous process of C3. Previous treatment included cervical immobilization and medications. In a neurosurgery follow-up visit dated 5-20-15, the injured worker complained of bilateral neck pain and stiffness associated with dizziness, headaches, decreased concentration and medications. The injured worker was taking Norco as needed. X-ray of the cervical spine (5-19-15) showed mild disc space narrowing at C5-6 with spondylosis of the cervical spine. In a neurosurgery consultation dated 7-15-15, the injured worker complained of diffuse head pain, usually in the cervical and bi-frontal area. The injured worker reported that the pain was not relieved by over-the-counter medications. Electroencephalogram showed no focal or paroxysmal activity. The physician recommended Naproxen Sodium and Nortriptyline. In an initial pain management evaluation dated 8-10-15, the injured worker complained of constant pain to the head and neck, rated 8 out of 10 on the visual analog scale and low back pain, rated 7 out of 10, associated with motor weakness in the lower extremity. Physical exam was remarkable for cervical spine with "decreased" range of motion, normal cervical lordosis, no tenderness to palpation or spasms, 2 out of 2 deep tendon reflexes and 5 out of 5 motor strength and lumbar spine with tenderness to palpation, spasms, positive right straight leg raise, 5 out of 5 motor strength and 2 out of 2 deep tendon reflexes. The treatment plan included electromyography of bilateral upper and lower extremities, acupuncture twice a week for four weeks, magnetic resonance imaging of the cervical spine, lumbar spine and brain and medications (Mobic, Tylenol #3 and Ambien). On 8-25-15, Utilization Review noncertified a request for Tylenol #3, 1 tablet every 12 hours as needed, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 1 tablet every 12 hours as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 04/29/15 and presents with neck pain and low back pain. The request is for Tylenol #3 1 tablet every 12 hours as needed. The utilization review rationale is that "it was not apparent that this patient had failed non-opioid treatment before considering this treatment." The RFA is dated 08/10/15 and the patient is currently working. It appears that this is the patient's initial trial with this medication. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, Medications For Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." On 08/10/15, the patient rated his neck pain as an 8/10 and his low back pain as a 7/10. Review of the reports provided does not indicate if the patient had any recent prescribed opioids. Given the patient's continued low back and neck pain, a trial of Tylenol may be appropriate. For ongoing use of this medication, the treater will need to provide documentation of pain and functional improvement including the 4 A's going forward. The current requested Tylenol IS medically necessary.