MAXIMUS Federal Services

Case Number:	CM15-0178645		
Date Assigned:	09/18/2015	Date of Injury:	05/31/2013
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 38 year old female, who sustained an industrial injury on 5-31-2013. The medical records indicate that the injured worker is undergoing treatment for herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, lumbar facet arthropathy, and lumbar myofascial pain. According to the progress report dated 8-12-2015, the injured worker complains of low back pain with radiation down bilateral lower extremities. Overall, she is noting functional improvement and improvement in pain with her current medication regimen. On a subjective pain scale, she rates her pain 7 out of 10 with medications and 10 out of 10 without. The physical examination of the lumbar spine reveals bilateral low back (greater on the right) and midline tenderness, positive straight leg raise test bilaterally, and restricted range of motion. The current medications are Tramadol, Zanaflex, Anaprox, and Tylenol #3. The medical records do not indicate when Tylenol #3 was originally prescribed. Treatment to date has included medication management. Work status is described as permanent and stationary. The original utilization review (8-20-2015) had non-certified a request for Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #25: Upheld

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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 9/9/15, it was noted that the injured worker reported functional improvement and improvement in pain with her current medication regimen. On a visual analog scale, she rated her pain 8/10 with the use of her medication. Without pain medication, she rated her pain 10/10. She noted improvement with activities of daily living, as well as increased ability to sit, stand, and walk as a result of her medication usage. She also reported better sleep with Tylenol #3. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent such documentation, medical necessity cannot be affirmed. The request is not medically necessary.