MAXIMUS Federal Services

Case Number:	CM15-0178685		
Date Assigned:	09/18/2015	Date of Injury:	10/07/2009
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
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 48 year old female, who sustained an industrial injury on 10-7-2009. The medical records submitted for this review did not include the documentation regarding the initial injury. Diagnoses include cervical radiculopathy, chronic pain syndrome, and rotator cuff syndrome. Treatments to date include activity modification, medication therapy, acupuncture treatments, and cognitive behavioral therapy. Currently, she complained of ongoing pain in the neck, right shoulder, right elbow and right hand associated with muscle weakness and numbness. Pain was rated on average 6 out of 10 VAS. Medications were noted to decreased pain to 3 out of 10 VAS with approximately two hours of relief noted. Current medications listed included Tylenol #3, Voltaren Gel topically, and Effexor. On 7-27-15, the physical examination documented decreased painful range of motion with tenderness to palpation noted. The appeal requested authorization for Tylenol #3, #30, with three refills. The Utilization Review dated 8-19-15, modified the request to allow a one-month supply, Tylenol #3, #30, with no refills to allow for weaning per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No 3 # 30: 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." Review of the available medical records reveals insufficient documentation to support the medical necessity of Tylenol #3 nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted per the records that medications reduced pain to 3/10 with approximately two hours of relief noted. Pain was rated on average 6/10. 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. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.