

Case Number:	CM15-0062696		
Date Assigned:	04/08/2015	Date of Injury:	04/12/2013
Decision Date:	05/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/02/2015

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, California
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on April 12, 2013. The injured worker was diagnosed as having lumbosacral stenosis, lumbar desiccation, chronic pain, lumbar laminectomy and cervical decompression and fusion rule out radiculopathy. Treatment and diagnostic studies to date have included cervical decompression and fusion, lumbar laminectomy, physical therapy and medication. A progress note dated February 20, 2015 provides the injured worker complains of constant neck pain rated 6/10 radiating to arms with numbness and tingling. His shoulder pain is rated 6/10 and low back pain is rated 8/10 and radiating to legs with numbness tingling and pins and needles and weakness. He reports anxiety stress and insomnia. CAT scan and magnetic resonance imaging (MRI) were reviewed. Physical exam notes some atrophy of neck and low back. The plan includes follow-up, physical therapy and medication. The medication list includes Tylenol #3 and Voltaren. The past medical treatment includes cervical fusion. The patient has had urine drug screen test on 1/16/15 that was consistent for Morphine and Tylenol #3. Patient has received an unspecified number of PT visits for this injury. The patient had used walker for this injury. The patient had received injections for this injury. The patient has had EMG study that revealed cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Tab 300-30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80Criteria For Use of Opioids Therapeutic Trial of Opioids.

Decision rationale: Request: Tylenol #3 Tab 300-30mg #60. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol #3 Tab 300-30mg #60 is not established for this patient. Thus, the request is not medically necessary.