MAXIMUS Federal Services

Case Number:	CM15-0078277		
Date Assigned:	04/29/2015	Date of Injury:	01/27/1999
Decision Date:	06/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Preventive Medicine, Occupational Medicine

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 72 year old female, who sustained an industrial injury on 1/27/1999. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical spine strain, lumbar spine strain, cervical disc protrusion, and fibromyalgia. Treatment to date has included massage therapy, medications and psychotherapy. She is retired. The request is for Tylenol #3. On 3/3/2015, she complained of neck and low back pain. She indicated her pain level to be moderate. She reported her neck pain to radiate to her bilateral upper extremities, and the low back pain to radiate to both lower extremities. The records indicated she had some improvement and felt that massage therapy was beneficial. Exam showed tenderness and decreased range of motion at the neck and lower back. The treatment plan included: massage therapy and continuation of pain medications and gastrointestinal medications. The records do not indicate the effectiveness of her pain medications nor if they are causing any side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 47-9; Chp 8 pg 174, 181; Chp 12 pg 299, 304, Chronic Pain Treatment Guidelines Acetaminophen (APAP), Codeine, Medications for chronic pain, Opioids Page(s): 11-2, 35, 60-1, 74-96.

Decision rationale: Tylenol No3 (acetaminophen and codeine) is a combination medication made up of acetaminophen and the opioid, codeine. According to the MTUS acetaminophen is a first line treatment indicated to treat pain from osteoarthritis and chronic low back pain. Acetaminophen is considered the safest medication for use to treat chronic pain. However, it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose of acetaminophen according to the MTUS is limited to 4 gm of acetaminophen per day. Codeine is indicated to treat mild to moderate pain. The potency of codeine is similar to acetaminophen. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. The MTUS describes use of narcotics for control of chronic pain. Even though opioid use is not considered a first line therapy, the chronic use of opioids is a viable alternative when other therapeutic modalities have been tried and failed. Success of opioid therapy is noted when there is significant improvement in pain or function. The risk with opioid therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to prevent such morbidity and mortality from occurring. This patient's medical records does not document the effectiveness of using this medication. Additionally, there is no documentation that the provider is following the MTUS guidelines for monitoring a patient on chronic opioids which includes monitoring for abuse, urine drug screens, a drug contract with the patient and documentation of improved pain control and the presence or absence of significant side effects while using opioid medications. These are all required by the MTUS for chronic use of opioids to ensure they are safely used. Medical necessity for continued use of this medication has not been established.