

Case Number:	CM15-0091239		
Date Assigned:	05/15/2015	Date of Injury:	08/01/2002
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old female who sustained an industrial injury on August 1, 2002. Previous treatment includes home exercise and medications. An evaluation on June 30, 2014 revealed the injured worker complained of low back, right knee, left shoulder, neck, bilateral arm and right ankle pain. She reported that her pain had not changed very much in quantity or intensity and she was currently taking Naproxen and Vicodin. She reported that her medications were helping. On examination, she had an antalgic gait and abnormal toe and heel walk. She had tenderness to palpation of the lumbar spine and also muscle spasm. The range of motion of the lumbar spine was limited and she had positive sciatic nerve compression on the right. Diagnoses associated with the evaluation include spinal sprain/strain syndrome, right knee internal derangement, right knee contusion, bilateral knee patellofemoral chondromalacia and lumbar discopathy. The treatment plan at the time of evaluation included continued daily physical activity and follow-up evaluation. A request was received for Tylenol with codeine #60 with 2 refills and Diclofenac #60 with 2 refills was received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine #60 w/2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Tylenol #3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction of pain and functional improvement with previous use of Tylenol #3. There is no clear documentation of the efficacy/safety of previous use of Tylenol #3. Therefore, the prescription of Tylenol with Codeine #60 with 2 refills is not medically necessary.

Diclofenac 75mg #60 w/2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). Diclofenac is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches. It is not used to treat a cluster headache. It is used for osteoarthritis pain. There is no clear documentation that the patient has migraine headaches. Diclofenac is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Diclofenac was used. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Diclofenac 75mg #60, refill: 2 is not medically necessary.

