

Case Number:	CM15-0093193		
Date Assigned:	05/19/2015	Date of Injury:	06/12/1995
Decision Date:	08/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation

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 June 12, 1995. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic low back pain with degenerative lumbar spondylosis, chronic low back pain with myofascial pain syndrome, pain disorder with psychological and general medical condition, and insomnia that is persistent due to chronic pain. Treatment and diagnostic studies to date has included laboratory studies and medication regimen. In a progress note dated April 22, 2015 the treating physician reports complaints of chronic low back pain. The injured worker's medication regimen included Tylenol #4, Percocet, Tramadol, Ibuprofen, and Fentanyl Patch. The treating physician noted that the injured worker's medication regimen provided partial relief of pain allowing her to maximize her physical function with activities of driving, sitting, walking, lifting, and increasing her activities of daily living. However, the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her medication regimen. The treating physician requested Tylenol #4 with a quantity of 60 with three refills or pain control to achieve maximal pain relief for highest level of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No.4 #60 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with chronic low back pain. The request is for Tylenol no. 4 #60 x 3 refills. The request for authorization is not provided. She has partial relief of her pain with the current analgesic medications. Her current analgesic medicines help her maximize her level of physical function and improve her quality of life. The patient can do the following after improved pain control with analgesic medicines: wash dishes, cooking casserole, laundry and daily exercise. Patient's medications include Fentanyl Patch, Tramadol, Ibuprofen, Percocet and Tylenol #4. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 06/09/15, treater's reason for the request is "used as needed for breakthrough pain intermittently." The patient is prescribed Tylenol #4 since at least 10/07/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how Tylenol #4 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, showing pain reduction with use of Tylenol #4. Furthermore, there is discussion regarding adverse effects and aberrant drug behavior. UDS on 02/27/15 shows patient compliant with analgesic medicine use. Opioid contract signed on 04/22/15. Therefore, the request is medically necessary.