

Case Number:	CM15-0094556		
Date Assigned:	05/21/2015	Date of Injury:	01/14/2003
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 1/14/03. He reported pain in his neck and bilateral upper extremities. The injured worker was diagnosed as having cervical discopathy, bilateral wrist pain, lumbar sprain, ulnar neuropathy, left shoulder impingement and status post right shoulder decompression. Treatment to date has included Norco (since at least 10/2014), physical therapy and Tylenol #4 (since at least 2/3/15). On 10/16/14, the injured worker reports 4/10 pain in the neck, 5-6/10 pain in the low back and 9/10 pain in the right thumb. Subsequent progress notes do not indicate any change in pain levels. As of the PR2 dated 4/7/15, the injured worker reports constant 5-8/10 pain in his neck, 3-6/10 pain in his right shoulder and 6/10 pain in his lower back. He is managing his pain with alternating Norco 10/325mg as well as Tylenol #3. Objective findings include cervical range of motion flexion 30 degrees, extension 20 degrees, unable to rotate to the right and 20 degrees to the left. The treating physician requested Narcotic Tylenol #4 quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narc Tylenol #4 Tabs 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, narcotic Tylenol #4 # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical discopathy; bilateral wrist pain: status post bilateral carpal tunnel surgery; lumbar sprain/strain; right shoulder impingement syndrome and acromioclavicular joint arthrosis; ulnar neuropathy; left shoulder impingement; and status post right shoulder subacromial decompression. Progress note from October 16, 2014 shows the injured worker was taking Norco 10/325 mg. In a November 11, 2014 progress note, the treating provider added Tylenol #3 to alternate with ongoing Norco 10/325mg. Norco 10/325 mg is taken every four hours. Tylenol #3 is taken every six hours. Subjectively, the injured worker complains of pain in the thumb and right hand with the VAS pain score of 8/10. In the subsequent progress note dated April 7, 2015, the injured worker was having multiple complaints of pain in the neck, right shoulder and low back with a VAS pain score 5-6/10. The treating provider continued Norco 10/325 mg alternating with Tylenol #3 every 4 to 6 hours. There was no documentation demonstrating objective functional improvement. There were no risk assessments in the medical record. There were no detailed pain assessments in the medical record. There was no attempt at weaning Tylenol #3 or Norco 10/325mg in the medical record. The request for authorization dated April 17, 2015 contains a request for Tylenol #4 with an unspecified quantity. Tylenol #4 does not appear in the treatment plans of the most recent progress note (April 7, 2015). There is no clinical indication or rationale for Tylenol #4. Consequently, absent clinical documentation with a clinical indication/rationale for Tylenol #4 with documentation indicating Norco 10/325mg is alternating with Tylenol #3, narcotic Tylenol #4 #60 is not medically necessary.