

Case Number:	CM15-0094560		
Date Assigned:	05/21/2015	Date of Injury:	03/22/2012
Decision Date:	06/25/2015	UR Denial Date:	05/09/2015
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 58 year old male, who sustained an industrial injury on 3/22/2012. He reported cumulative trauma. The injured worker was diagnosed as having chronic lumbar sprain/strain, right lumbar radiculopathy, lumbar radiculopathy, lumbar degenerative disc disease and lumbar stenosis with bulging discs. There is no record of a recent diagnostic study. Treatment to date has included right hemi laminectomy, physical therapy and medication management. In a progress note dated 4/20/2015, the injured worker notes inability to increase activity or return to work due to pain. Physical examination showed muscle tenderness and increased pain with lumbar motion. Medications include Tylenol #3, Naprosyn and Protonix. The treating physician is requesting Tylenol #3 300/30 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30mg quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 22, 67-73, 74-97.

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, Tylenol #3 300/30 mg #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 chronic lumbar spine strain; chronic right lumbar radiculopathy; chronic degenerative joint/degenerative disc disease of the lumbar spine; history right rib contusion; status post right hemi-laminectomy L4 - L5, S1 on May 17, 2013. According to a progress note dated January 19, 2015, Tylenol #3 was prescribed. The injured worker was taking Norco in 2013, September 2013 and October 2014. There was no clinical rationale for the change from Norco to Tylenol #3. Reportedly, the injured worker had a flare up of symptoms. In a follow-up progress note dated April 20, 2015, the injured worker continued self-treatment with medications. The injured worker was unable to increase activities of daily living and was unable to return to work. There was no objective functional improvement after two months of Tylenol #3. There was no risk assessment in the medical record. There were no detailed pain assessments in the medical record. There was no attempt to wean Tylenol #3 due to its poor clinical response. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Tylenol #3, risk assessment, pain assessment and an attempt to wean, Tylenol #3 300/30 mg #60 is not medically necessary.