

<b>Case Number:</b>	CM13-0020263		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/05/2002
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 patient is a 57 year old female who reported an injury on 03/05/2002. Her diagnosis is failed back syndrome. Her symptoms are low back pain and numbness and tingling in the left lower extremity. Objective findings include tenderness to palpation in the lumbar paraspinal muscles with flexion 80 degrees, extension 20 degrees, right and left bending 20 degrees, normal motor strength, normal deep tendon reflexes, and decreased sensation in the left L5-S1 dermatome. Her medications were noted as Ibuprofen 600mg every other day for mild pain, Soma 350mg every other day as needed for spasm, and Tylenol #3 every other day as needed for severe pain. The patient was noted to have been on these medications for greater than 5 years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of tylenol #3, #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Long-term assessments Page(s): 88.

**Decision rationale:** The California MTUS Guidelines require that for long-term use of Opioids (6-months or more), documentation should include a detailed reassessment. This reassessment

should include whether there has been a change in the diagnosis, side effects from the opioid or other medications the patient is taking, any other medications that have been attempted, duration, and effect, pain and functional improvement and compare to baseline, the patient's response to treatment, the need for a psychological consultation, and whether there is an indication for a screening instrument for abuse/addiction. Additionally, the patient's pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The documentation provided for review did not include the reassessment information required by the guidelines. Additionally, the employee's pain and functioning have not been recorded using a numerical scale/validated instrument. The request for 1 prescription of tylenol #3, #30 with 2 refills is not medically necessary and appropriate.