

<b>Case Number:</b>	CM13-0030039		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/09/2006
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Family Practice, 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 43 year old male who reported an injury on 10/09/2006. The mechanism of injury was a fall. The most recent clinical note dated 10/08/2013 reported continued complaints of back pain. The patient was status post receipt of a transforaminal epidural steroid injection at L3-L5 on 07/12/2013. The patient reported good to excellent overall improvement since receiving the injection. Significant functional improvement and increased mobility were noted. The benefits of the injection lasted more than 8 weeks. Range of motion of the lumbar spine revealed moderate reduction secondary to pain. There was decreased sensation along the L3-L5 dermatome. Motor examination revealed moderate decrease in motor strength to bilateral lower extremities, and straight leg raise was positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4, QTY. 60 for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 80 & 88.

**Decision rationale:** There is insufficient clinical documentation of the patient's pain levels or symptomatic or functional improvement with the requested medication. There was no monitoring for evidence of aberrant medication behaviors as recommended by California MTUS guidelines. As such, the request for Tylenol #4 quantity 60 for low back pain is non-certified.