

<b>Case Number:</b>	CM13-0040532		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/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 injured worker is a 53-year-old female who reported an injury on 07/10/2009. The mechanism of injury was not provided. The injured worker medical history included Tylenol No. 3 as of early 2013. The documentation of 09/25/2013 revealed the injured worker had persistent complaints of neck pain, shoulder pain, and back pain. The range of motion was restricted. The diagnoses included status post C4 through C7, anterior cervical discectomy and fusion on 06/28/2013, lumbar disc desiccation and bulging with mild stenosis, left knee strain/contusion, right sided posttraumatic greater trochanteric bursitis, depression, insomnia, and abdominal problems. Treatment plan included continuing treatment with a psychiatrist, postoperative physical therapy, Tylenol No. 3, and Ultram 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL #30 QGH PRN #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain; Ongoing Management, Page(s): 60,78.

**Decision rationale:** California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing Tylenol No. 3 for greater than 6 months. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Given the above, the request for Tylenol #3 every 6 hours as needed #90 is not medically necessary.