

Case Number:	CM13-0055849		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2011
Decision Date:	05/22/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational Medicine, 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 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury sustained on July 6, 2011. Treatment to date has included physical therapy, and medications, including ibuprofen, Hydrocodone, Cyclobenzaprine, BioTherm, Soma, and Tylenol #3. Medical records from 2013 were reviewed, the latest of which was dated October 25, 2013. This record revealed that the patient still complains of pain in his lumbar spine and right knee. He has been taking Tylenol No.3 as needed and using BioTherm topical cream as needed, which decreases his pain levels from 10/10 to 6-8/10. On examination of the lumbar spine, there is limitation in range of motion. There was tenderness and hypertonicity noted over the left paraspinal muscles. Kemp's test was positive on the left. Straight leg raise test was positive on the left at 60 degrees with pain radiating down to the posterior thigh. On examination of the left knee, there was limitation in range of motion with flexion at 110 degrees and extension at 16 degrees. There was tenderness to palpation noted over the later joint line. Quadriceps muscle strength was 4/5. Varus stress test was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL#3 1-2 TAB BY MOUTH EVERY 6 HOURS AS NEEDED MAX 5/DAY:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

Decision rationale: According to pages 78-79 of the California MTUS Chronic Pain Medical Treatment Guidelines, documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required for patients on chronic opioid therapy. In this case, Tylenol #3 has been prescribed since July 2013. Although the patient claims that there is improvement in the pain level after intake, the recent clinical evaluation does not identify analgesia and functional benefit with use of this medication. Also, there is no monitoring of compliance and screening for aberrant behavior; therefore the request for Tylenol #3 is not medically necessary.