MAXIMUS Federal Services

Case Number:	CM13-0056122		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2003
Decision Date:	03/24/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 3, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a utilization review report of October 28, 2013, the claims administrator modified a request for Tylenol No. 4, #90 to a prescription for Tylenol No. 4, #91, reportedly for tapering purposes. The applicant's attorney subsequently appealed. An earlier progress note of November 19, 2012 is notable for comments that the applicant had persistent complaints of low back, left knee, and left ankle pain. The applicant was issued refills of Tylenol No. 4 and Zanaflex at that point in time, it was stated. It was not clearly stated whether the applicant can return to work as an administrative assistant or not. In a later note of August 15, 2013, the applicant presented with flares of pain, 7/10 to 8/10 without medications and 4/10 to 5/10 with medications. Limited range of motion was noted about the lumbar spine. Laboratory testing, Tylenol No. 4 and Zanaflex were refilled. Work restrictions were issued, although it was not clearly stated whether the applicant was in fact working or not. In a [redacted] evaluation on September 26, 2013, it is stated that the applicant is receiving home health care 8 hours a day, four days a week, to help her wash her hair, get in and out of the bathtub, change her bed, clean her bathrooms, take her to the Laundromat, cook, clean for her, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tylenol #4, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant has seemingly failed to return to work. The applicant remains highly reliant on a home health caregiver to help her with even basic activities of daily living such as cooking, cleaning, shopping, combing her hair, etc. The applicant's failure to effect any improvement in terms of performance of activities of daily living and failure to return to work, taken together, outweigh the reported reduction in pain scores effected as a result of Tylenol No. 4 usage. Therefore, the request remains non-certified, on independent medical review.