

Case Number:	CM13-0065127		
Date Assigned:	05/14/2014	Date of Injury:	12/21/1998
Decision Date:	06/13/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 a 50 year old female injured worker with date of injury 12/21/98 with related back pain. Per 5/7/14 progress report, it occurs persistently in the middle back, lower back and gluteal area. She described the pain as an ache, burning, deep and discomforting. MRI dated 6/25/13 revealed L4-L5 right posterior disc protrusion with neural foraminal narrowing. The documentation submitted for review does not state that physical therapy was utilized. She has been treated with medication management. The date of UR decision was 11/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACETAMINOPHEN, DURATION AND QUANTITY NOT INDICATED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Prescription Medications Page(s): 67.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines with regard to nonprescription medications: "Recommended. Acetaminophen (safest); NSAIDs (aspirin, ibuprofen). (Bigos, 1999) There should be caution about daily doses of acetaminophen and liver disease if over 4 g/day or in combination with other NSAIDs." Acetaminophen is considered first-

line treatment for back pain, both acute exacerbations and chronic. In this case, though the treatment is indicated for the injured worker's moderate-severe back pain, medical necessity cannot be affirmed without dosage and quantity information. The request for Acetaminophen is not medically necessary and appropriate.