

Case Number:	CM14-0001118		
Date Assigned:	01/22/2014	Date of Injury:	02/04/2011
Decision Date:	04/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 41-year-old male with a 2/4/11 date of injury. At the time (12/5/13) of request for authorization for 1 prescription of Tylenol no. 3 #60, there is documentation of subjective (continued low back pain with bilateral lower extremity numbness, tingling, and burning to the bilateral feet with cramping and spasm in the lumbar spine) and objective (tenderness over the paravertebral musculature and quadrates lumborum muscles, bilaterally, positive straight leg raise test, restricted range of motion in the lumbar spine, and decreased sensation along the L4-S1 dermatomes) findings, current diagnoses (lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis), and treatment to date (medications (Tylenol #3 since at least late 2012). Medical report identifies that the patient's pain is rated as 7-8/10 on a visual analogue scale without medication and 4-5/10 with medication. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tylenol No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TYLENOL NO. 3 #60 (#60 WERE ORIGINALLY REQUESTED AND #45 WERE CERTIFIED BETWEEN 12/5/13 AND 2/11/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis. In addition, there is documentation of records reflecting prescriptions for Tylenol #3 since at least late 2012. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of reduction of pain with use of medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tylenol no. 3. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Tylenol No. 3 #60 is not medically necessary.