

Case Number:	CM14-0001470		
Date Assigned:	01/22/2014	Date of Injury:	12/14/2007
Decision Date:	03/27/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation, 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 patient is a 44-year-old male who reported an injury on 12/14/2007. The mechanism of injury was a lifting injury. The patient was diagnosed with lumbar sprain/strain, umbilical hernia, and chronic pain syndrome. The patient complained of low back pain with bilateral leg pain and hernia pain. The patient rated the pain at 8/10. The patient was taking Zantac 150 mg, Tylenol No. 3, and using Voltaren gel. The patient reported that Tylenol No. 3 was helping to reduce the pain allowing him to perform activities of daily living. Objective findings revealed diffuse tenderness in the abdomen. Spasms were present in the paraspinal muscles of the low back. Range of motion in flexion, extension, lateral bending, and rotation was limited with pain. The patient was recommended cognitive behavioral therapy, psychological treatment and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol NO.3#90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The patient complained of low back pain with radiating pain into the bilateral lower extremities and hernia pain. However, the documentation submitted for review does not indicate a decrease in the patient's pain level. Also, the documentation does not indicate whether the patient was experiencing any side effects. Given the lack of documentation to support guideline criteria, the request is non-certified.