

Case Number:	CM14-0007329		
Date Assigned:	02/10/2014	Date of Injury:	04/23/2003
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 61-year-old female who reported an injury on 04/23/2003; the mechanism of injury was not provided within the medical records. The clinical note dated 01/31/2014, which was handwritten and illegible, indicated diagnoses of ligament sprain/strain, herniated cervical disc, cervical spinal stenosis, lesion of ulnar nerve, tendonitis of shoulder, and sprain/strain, shoulder. The injured worker reported neck pain that radiated to the forearm with numbness and tingling. The injured worker reported right knee numbness and tingling with popping, clicking, and feeling of giving. The injured worker rated her pain at 5/10. On physical exam of the cervical spine, there was tenderness to the paraspinal trap and decreased range of motion with pain. The injured worker was temporarily totally disabled. The treatment plan included request for a refill of Tylenol No. 4 for treatment of chronic pain syndrome and proceed with authorization of 4 sessions of chiropractic treatment. The medication regimen included Tylenol No. 4 and Prilosec. The Request for Authorization dated on 12/24/2013 was submitted for medications and chiropractic services. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #4, QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

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

Decision rationale: The request for Tylenol #4, quantity: 60.00 are not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency or dosage for the medication. Therefore, based on the documentation provided, the request is not medically necessary.