

<b>Case Number:</b>	CM14-0100526		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Orthopedic Surgeon, 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 injured worker is a 63 year-old female who reported an injury on 06/08/2000. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar region injury status post-surgery, status post right sided radiculopathy, postoperative chronic pain, myofascial pain/right knee meniscal tear, and poor coping with chronic pain/cervical. Previous treatments included medication and TENS unit. The diagnostic testing included EMG/NCV. Within the clinical note dated 06/02/2014, it was reported the injured worker complained of low back pain, which radiated to the lower extremity. The injured worker complained of numbness and tingling on the right side. Upon examination, the provider noted the injured worker had tenderness to palpation. Request submitted is for Tylenol 500 mg. However, a rationale is not provided for clinical review. The request for authorization was submitted and dated on 06/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 500 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's, The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, PDR 68th edition, WWW.RxList.com, The Official Disability Guidelines (ODG), Workers Compensation Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

**Decision rationale:** The MTUS guidelines note acetaminophen, also known as Tylenol is recommended for the treatment of chronic pain and acute exacerbation of chronic pain. Acetaminophen is recommended for the use of osteoarthritis of the hip, knee and hand. The guidelines note it is recommended as an initial treatment for mild to moderate pain, in particular for those with gastrointestinal, cardiovascular and renovascular risk factors. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. Therefore, the request is not medically necessary.