

Case Number:	CM14-0115438		
Date Assigned:	08/04/2014	Date of Injury:	09/07/2001
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 Medicine, and is licensed to practice in Texas. 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 64 year old female injured on 09/07/01 due to undisclosed mechanism of injury. Documentation indicates the injured worker is evaluated on a routine basis for chronic low back pain with sciatica and paresthesias in upper extremities. Clinical note dated 06/24/14 indicated the injured worker presented complaining of persistent neck pain, low back pain, and bilateral lower extremity pain. Neurologically, the injured worker remained unchanged. Plan of care included Tylenol #3 one tablet every four to six hours #150 times three refills and reevaluation in four months. The initial request for Tylenol #3 #600 was non-certified on 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #600: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of

ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the request failed to specify the frequency to be administered. As such, the medical necessity of Tylenol #3 #600 cannot be established at this time. The request is not medically necessary.