

Case Number:	CM14-0130773		
Date Assigned:	08/20/2014	Date of Injury:	04/18/2007
Decision Date:	10/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 66-year-old male who reported an injury on 04/18/2007. The mechanism of injury was not stated. The current diagnosis is low back pain with lumbar disc degeneration. The only physician progress report submitted for this review is an incomplete note dated 07/29/2014. It is noted that the injured worker presented with complaints of a flareup of pain in the lumbar spine. The injured worker also reported symptoms of nausea with Norco. Physical examination revealed reduced lumbar range of motion, mild paraspinal spasm, positive straight leg raising on the right, and decreased sensation in the right lower extremity. It was noted that the injured worker has done fairly well with a previous prescription of Tylenol No. 3. Given the injured worker's adverse reaction with Norco, the injured worker was issued a prescription for Tylenol No. 3. A Request for Authorization Form was then submitted on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Quantity:60Refill: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: The California MTUS Guidelines state codeine is recommended as an option for mild to moderate pain, and can be used as a single agent or in combination with acetaminophen and other products for treatment of mild to moderate pain. As per the documentation submitted, the injured worker has previously utilized Tylenol No. 3. Although it was noted that the injured worker responded fairly well to the prescription, there was no documentation of functional improvement as a result of the requested medication. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.