

Case Number:	CM14-0158340		
Date Assigned:	10/13/2014	Date of Injury:	09/11/2003
Decision Date:	11/12/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

According to the records made available for review, this is a 47-year-old male with a 9/11/03 date of injury. At the time (9/12/14) of the Decision for Tylenol # 4, QTY #60, there is documentation of subjective (low back pain) and objective (cervical spine tightness, lumbar spine myofascial restrictions, and positive bilateral straight leg raise) findings, current diagnoses (lumbar L5-S1 disc protrusion, chronic pain syndrome, chronic discogenic pain syndrome, and secondary myofascial syndrome), and treatment to date (medications (including ongoing treatment with Tylenol #3, Lunesta, Prilosec, Voltaren, and Zolpidem)). Medical reports identify that patient is able to do 25% better in watering trees and outdoor activities with the help of Tylenol with codeine. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol # 4, QTY: #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar L5-S1 disc protrusion and chronic pain syndrome. In addition, given documentation that patient is able to do 25% better in watering trees and outdoor activities with the help of Tylenol with codeine, there is documentation of functional benefit and an increase in activity tolerance as a result of Tylenol with codeine use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tylenol # 4, QTY: #60 is not medically necessary.