

Case Number:	CM14-0161006		
Date Assigned:	10/06/2014	Date of Injury:	05/03/1985
Decision Date:	12/02/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/01/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 62 year old male who had a work injury dated 5/3/85. The diagnoses include chronic- low back pain with L2-L3 disk herniation ; status post L4-L5 lumbar discectomy and fusion; chronic right leg greater than left leg radicular symptoms; chronic right trochanteric bursitis with history of left trochanteric bursitis in the past; chronic right shoulder pain status post right shoulder surgery April 07 , 2014 and status post-surgery October 14,2013. Under consideration are requests for Tylenol #4, 120 count. There is an 8/21/14 progress note that states that the patient has lower back pain. He is not having any shoulder pain right now. The patient has had flaring up of the left lower back pain. On exam the patient has an antalgic gait favoring his right leg. Anteflexion of the trunk on the pelvis allows for 20 degrees of flexion. Extension is zero. Rotation to the left is 5 degrees; to the right is 5 degrees. Lateral flexion to the left is 5 degrees; to the right is 5 degrees. There is paralumbar tenderness from L2 to L5-S1. There is bilateral sacroiliac tenderness and bilateral trochanteric bursitis. The patient is using a walking cane in the left hand. The patient will continue Tylenol with Codeine No. 4 one by mouth every 4-6 hours. He will continue with Lyrica 25 mg by mouth three times a day for neuropathic lower back pain. This medication appears to be helping him with the neuropathic component of his lower back pain. He will pursue the spinal cord stimulator. The patient is not able to work. There is a 7/24/14 progress report that states that the patient complained of persistent lower back pain. He stated that he was sitting down and folding some towels and when he turned to the right, he felt a crunch and a pop in his left lower back area. He was still having pain in knees, ankles, and legs. He still had some right shoulder pain from his right shoulder surgery. Treatment plan included refill of Tylenol with Codeine number 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Section, Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Tylenol #4, 120 count is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on opioids without significant functional improvement therefore, the request for Tylenol #4, 120 counts is not medically necessary.