

<b>Case Number:</b>	CM14-0171087		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back and shoulder pain reportedly associated with an industrial injury of January 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; adjuvant medications; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 30, 2014, the claims administrator partially certified a request for Tylenol #180 with three refills as Tylenol #180 with no refills. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated September 23, 2014, the Medical-legal evaluator suggested that the applicant was able to work full time as a painter despite ongoing musculoskeletal complaints. In a September 23, 2014 progress note, it was suggested that the applicant was working with a 30-pound lifting limitation in place. The applicant did have a variety of complaints, including posttraumatic headaches, neck pain, atrial fibrillation, and chronic low back pain. The applicant was asked to employ Elavil for prophylactic treatment of headaches and employ Tylenol and/or Tramadol for breakthrough headaches if and when they arose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 500mg #180 with 3 refills.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

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

**Decision rationale:** As noted on page 11 of the MTUS Chronic Pain Medical Treatment Guidelines, acetaminophen (Tylenol) is recommended for the treatment of chronic pain and acute exacerbations of chronic pain. The attending provider has established, furthermore, that ongoing usage of Tylenol has attenuated the severity of the applicant's headaches and allowed the applicant to continue maintaining regular duty work status as a painter. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.