

Case Number:	CM14-0171263		
Date Assigned:	10/23/2014	Date of Injury:	06/19/2004
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	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 Neurosurgery and is licensed to practice in Georgia and Virginia. 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 57-year-old female who reported an injury on 06/19/2004. The mechanism of injury was not provided. On 03/25/2014, the injured worker presented with worsening pain in the back shooting down her right leg with muscle spasms and numb sensation in her left leg and foot. Upon examination the injured worker had a forward flexed, antalgic posture and a positive bilateral straight leg raise. There were reported sensory loss to light touch and pinprick in the right lateral calf and bottom foot. She had +1 deep tendon reflexes at the knees and ankles bilaterally. Palpation revealed muscle spasm in the lumbar trunk with loss of lordotic curvature, suggesting muscle guarding. The neck range was mildly limited in all planes. Cervical compression, Valsalva, and Hoffman's signs were negative. Her medications included Tylenol #4 with codeine, Tylenol 2, BioFreeze gel, and Flexeril. Her diagnoses were low back pain with lumbar sprain/strain, with radicular symptoms of the right leg, and history of cervicogenic headaches. The provider recommended Tylenol #4 with codeine with a quantity of 120. The provider's rationale was for severe pain only. The Request for Authorization form was dated 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 with Codeine, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine and Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The request for Tylenol No. 4 with Codeine #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.