

Case Number:	CM14-0039655		
Date Assigned:	06/27/2014	Date of Injury:	09/05/2000
Decision Date:	07/31/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 Management 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 72-year-old female with a 9/5/00 date of injury and status post lumbar spine surgery 12/17/12. At the time (3/5/14) of request for authorization for Tylenol #4 300mg/60 mg QTY:60, there is documentation of subjective (pain in the lumbar spine, difficulty sleeping due to pain, pain and swelling in the right lower extremity, numbness and tingling in the right lower extremity, pain radiating from the lumbar spine down to the right foot) and objective (decreased range of motion, tenderness, and spasm over the paravertebral musculature, decreased motor strength for the right ankle for dorsiflexion and plantarflexion, decreased right ankle reflex, decreased sensation in the right lower extremity) findings; current diagnoses (lumbar spine spondylosis with disc herniation, right lower extremity radiculopathy, status post lumbar spine surgery 12/17/12); and treatment to date (activity modification and medications (including Tylenol #4 since at least 12/13)). 1/31/14 medical report identifies that the patient has relief of symptoms with use of medications. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of 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 300mg/60mg QTY:60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

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 spine spondylosis with disc herniation, right lower extremity radiculopathy, status post lumbar spine surgery 12/17/12. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of appropriate medication use, and side effects. In addition, despite documentation of relief of symptoms with use of medications, there is no documentation 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. Therefore, based on guidelines and a review of the evidence, the request for Tylenol #4 300mg/60 mg QTY:60 is not medically necessary.