

Case Number:	CM14-0055200		
Date Assigned:	07/07/2014	Date of Injury:	10/30/2013
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 Tennessee. 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:

This is a 47-year-old female with a 10/30/13 date of injury. She sustained an injury to her neck, back, and nervous system from performing her usual and customary duties at while employed as a store supervisor. She attributed the injuries due to the prolonged atanding and repetitive movements of bending while pushing, scanning, and carrying large boxes of clothing and merchandise. According to a progress report dated 3/31/14, the patient complained of some flare-ups of pain in both her cervical spine and lumbar spine with attempts to increase activity. Objective findings: tenderness to palpation over the upper, mid, and lower cervical, thoracic, and lumbar paravertebral muscles; increased pain with cervical motion; mild limitation with thoracic motion; increased pain with lumbar motion; decreased sensation in the right upper extremity and C6 distribution. Diagnostic impression: cervical spine strain, right cervical radiculopathy, thoracic spine strain, lumbar radicular syndrome, lumbar disc protrusion at L4-L5 and L5-S1, cervical disc protrusion at C5-C6 and C6-C7. Treatment to date: medication management, activity modification. A UR decision dated 4/16/14 modified the request for Tylenol #3 from 60 tablets to 30 tablets for weaning purposes. There is no documentation of a maintained increase in function or decrease in pain with the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #60 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tylenol #3, #60 tablets was not medically necessary.