MAXIMUS Federal Services

Case Number:	CM14-0077484		
Date Assigned:	07/18/2014	Date of Injury:	07/16/2007
Decision Date:	09/30/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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:

There were 44 pages provided for review. The application for independent medical review was signed on May 27, 2014. The medicines were Tylenol number four number 30; Tylenol number three number 60; Tylenol extra strength number 60 refill times three; and Biofreeze number two. Per the records provided, this claimant sustained an industrial injury on July 18, 2007. He had a chronic lumbar backache, recurrent myofascial strain, and predominant left lower extremity radicular pain that was treated by Tylenol number three, one tablet twice a day. Tylenol #4, one tablet on an as required basis daily; and Tylenol extra strength one tablet also on as required basis for up to two tablets a day; along with the Biofreeze topical gel. The exam from April 10, 2014 however does not document any abnormality. The claimant reportedly has reactive anxiety and depression and is contemplated to receive a treatment evaluation from a psychologist. The medication Tylenol #4, 30 tablets one tablet a day for 30 days was certified. Tylenol #3, however, was not medically necessary. The provider should rely only on one short acting opiate medicine. The Tylenol extra strength number 60 is also not medically necessary. There should just be one short acting opiate preparation with Tylenol, such as Tylenol number three. The Biofreeze was also not medically supported as a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: The patient is already on one opiate preparation; this would be redundant to the Tylenol #4 which was certified. Also, too much acetaminophen induces liver toxicity, and could be harmful to the patient. In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Therefore, the request is not medically necessary.

Tylenol ES #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription NSAID. Further, the patient is already on other forms of Tylenol, and the liver toxic effects of too much Tylenol should be of significant concern. Therefore, the request is not medically necessary.

BioFreeze #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Bio freeze is a menthol product without known supportive peer reviewed studies showing long term objective improvement. Moreover, it is widely available in over the counter preparations, so the clinical necessity of a prescription variety of the menthol product is not substantiated. Therefore, the request is not medically necessary.