MAXIMUS Federal Services

Case Number:	CM14-0084903		
Date Assigned:	07/23/2014	Date of Injury:	07/01/2009
Decision Date:	09/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old individual was reportedly injured on July 1, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of neck pain and low back pain. Some gastric distress was also noted with the use of a topical nonsteroidal medication. The physical examination demonstrated tenderness to palpation in the cervical spine, a decreased range of motion, and no specific neurological findings. There was tenderness to palpation of the lumbar spine with a decrease in lumbar range of motion. Diagnostic imaging studies objectified no particular pathology. Electrodiagnostic studies were also reported as normal. Previous treatment included conservative care and oral analgesics. A request had been made for Tylenol #4 and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: As outlined in the MTUS, this medication is a short acting opioid indicated for the moderate to severe breakthrough pain. However, it would appear that this medication is being taken on a constant and indefinite basis. Furthermore, the MTUS establishes that the lowest possible dose to improve pain and function is to be objectified. There is no documentation of any pain relief as symptoms are continuing and unabated. Furthermore, there is no functional improvement based on the physical examination offered and the ongoing complaints. Given that there is no significant pathology objectified on MRI or EMG and by the ongoing complaints, there is no established efficacy of this medication. As such, the medical necessity has not been provided.