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| Case Number: | CM14-0132122 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 09/30/2013 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 30, 2003. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated August 1, 2014, the claims administrator approved a spine surgery follow-up visit while denying a request for Tylenol No. 3. In its Utilization Review Report, the claims administrator stated that its decision was based on a July 14, 2014 progress note. The July 14, 2014 progress note at issue, however, was not seemingly incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In a September 26, 2013 orthopedic re-evaluation, the applicant reported 7/10 low back pain radiating to the bilateral legs, right greater than left. The applicant was not working, it was acknowledged. The applicant was placed off of work, on total temporary disability. In addition to the low back pain, the applicant reported derivative complaints including insomnia, depression, sexual dysfunction, and panic attacks. The applicant's medication list was not furnished. On March 21, 2013, the applicant was again described as off of work, on total temporary disability. The applicant was asked to schedule lumbar spine surgery. Medication selection or medication efficacy was not discussed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No 3, quantity of 90 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is no longer working, based on the admittedly dated 2013 progress notes on file. The progress notes which are on file do not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.