

Case Number:	CM14-0189257		
Date Assigned:	11/21/2014	Date of Injury:	07/17/2012
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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, 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:

The patient is a 59-year-old male with injury date of 07/12/12. Based on the 10/23/14 progress report, the patient complains of neck pain rated 4/10 without medications that radiates to the bilateral fingers. Patient states on 10/23/14 report that his pain worsened since his last visit, and he uses over the counter Tylenol "to cope with pain." Cervical examination revealed tenderness of palpation of right trapezius muscle, and decreased sensation of the bilateral upper extremities with C6 dermatome pattern. The Neck Disability Index (NDI) done on 04/29/14 revealed moderate functional disability per 10/23/14 report. Patient's pain increases with sitting, lifting, and standing. Patient is currently working without restrictions per 10/23/14 progress report. Patient has been taking Tylenol since progress report dated 05/27/14 per the report. MRI of Cervical Spine in 11/29/12 per 10/23/14 progress report: 5 mm posterior central and right paracentral disc protrusion or disc osteophyte complex at C5-6 with resultant severe spinal stenosis causing mild cord deformity. Diagnosis 10/23/14-Chronic pain-Cervical Radiculopathy-Cervical Spinal Stenosis-Central Pain Syndrome-Bilateral Cubital Tunnel Syndrome-Bilateral Carpal Tunnel Syndrome-Rule out Double Crush Syndrome The request is for Tylenol 500mg. The utilization review determination being challenged is dated 10/28/14. The rationale is "...no evidence of objective functional improvement supporting the subjective improvement." Treatment reports were provided from 04/30/14 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 500mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain (chronic), Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: Patient presents with neck pain rated 4/10 without medications that radiates to the bilateral fingers. The request is for Tylenol 500mg. Diagnosis dated 10/23/14 included chronic pain, cervical radiculopathy, and cervical spinal stenosis. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. Provider has not provided reason for the request. Patient is currently working without restrictions per 10/23/14 progress report, and has been taking Tylenol since progress report dated 05/27/14. Patient states that he uses over the counter Tylenol "to cope with pain." The request is in line with guideline indication. Recommendation is medically necessary.