

Case Number:	CM15-0002468		
Date Assigned:	01/13/2015	Date of Injury:	04/03/2011
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 injured worker is a female who reported injury on 04/03/2011. The date of birth was not provided. However, the documentation indicated the injured worker was a 49-year-old female. The mechanism of injury was not provided. The documentation of 07/25/2014 indicated that the injured worker had complaints of pain with bending, stooping and lifting. The injured worker had associated numbness and tingling in the left posterior thigh. The injured worker had pain radiating to the left calf and weakness in the left lower extremity. The injured worker indicated that the use of medications decreased her symptoms by 60%. The physical examination revealed tenderness and spasm over the paravertebral musculature. Flexion and extension were decreased. The diagnoses included thoracic and lumbar spine musculoligamentous sprain. The treatment plan included an MRI of the lumbar spine, a continuation of a home exercise program and a prescription for Tylenol with codeine No. 3 for pain. The injured worker was noted to undergo a urine toxicology on 06/25/2014. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Tylenol #3, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Tylenol with codeine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Pure-Agonist, On-going Management, Codeine Page(s): 74, 78, 92.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that Tylenol with codeine, Tylenol No. 3, should be used for moderate to severe pain, and there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of objective functional benefit received from the medication. The documentation indicated the injured worker had an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for a prescription of Tylenol #3, #60 is not medically necessary.