

Case Number:	CM15-0008034		
Date Assigned:	01/26/2015	Date of Injury:	09/30/1997
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained a work related injury on 9/30/97. The diagnoses have included lumbosacral radiculitis, lumbar post-laminectomy syndrome, depressive disorder, chronic back pain and osteoarthritis. Treatments to date have included oral medications, lumbar surgery x 4, and implanted spinal cord stimulator. The injured worker complains of back pain. He states pain runs down both legs. He has difficulty with activities. He rates the pain a 5/10 on medications and a 7/10 without medications. He has decreased range of motion in lumbar spine. On 1/7/15, Utilization Review modified a pre4scription request for Acetaminophen 500mg. #180 with 5 refills to Acetaminophen 500mg. #180 with 1 refill. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 500mg #180 x 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

Decision rationale: The patient presents with lower back pain. The current request is for acetaminophen 500 mg #180 with 5 refills. The treating physician states that the pain severity level is moderate to severe. Location of pain is upper back, middle back, lower back, gluteal area, legs and thighs. The MTUS guidelines state that acetaminophen is "recommended for treatment of chronic pain & acute exacerbations of chronic pain." Regarding low back pain, "both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." In this case, the treating physician has prescribed "acetaminophen 500 mg, take 1-2 tablet by oral route every 8 hours as needed, #180, 5 refills." MTUS guidelines recommend dosing as follows: The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. The current request is within the guidelines and is medically necessary and the recommendation is for authorization.