

Case Number:	CM15-0104870		
Date Assigned:	06/09/2015	Date of Injury:	11/06/2013
Decision Date:	07/10/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

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

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 43 year old male, who sustained an industrial injury on 11/06/2013. He reported sharp pains over the lower back and left leg. He was diagnosed with sprain or strain of lumbar region. Treatment to date has included medications, epidural steroid injection and MRI. According to a progress report dated 02/17/2015 the injured worker complained of ongoing low back pain with radiating symptoms down the left lower extremity. He had an epidural injection 5 days earlier and noticed no change in his symptoms. Current medications included Tylenol #3 and Relafen. Diagnoses included left L4 radiculopathy due to extruded disk over the left side at L3-L4 per MRI date 11/22/2013. Lumbar MRI on 01/16/2015 showed multilevel DJD and central stenosis, severe L3-L4, moderate to severe L4-L5, moderate L2-L3 and moderate L5-S1. The treatment plan included Tylenol #3 and Relafen and a follow up with the spine surgeon. According to a progress report dated 04/13/2015, the injured worker noted a little bit of change but not much with the recent addition of Neurontin to his medication regimen. Prescriptions were given for Tylenol #3, Relafen and Neurontin. Pain levels were not documented in these reports. There was no objective evidence of functional improvement with the use of medications documented in these reports. Currently under review is the request for Tylenol #3 quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - 7) When to Continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tylenol #3, qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of a significant increase in function therefore the request for continued Tylenol #3 is not medically necessary.