

Case Number:	CM15-0144648		
Date Assigned:	08/05/2015	Date of Injury:	06/24/2009
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

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

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 56 year old female who sustained an industrial injury on 6-24-2009. She hurt her back following a motor vehicle accident. She has reported chronic back pain and has been diagnosed with chronic lumbar pain with radicular complaints, chronic residual cervical pain, right shoulder tendinosis, and depression and anxiety. Treatment has included medications and cognitive behavioral therapy. There was mild tenderness and spasm over the cervical spine noted which was more prominent on the lumbar spine area which was associated with decreased range of motion especially on flexion and extension. Straight leg raise was negative. The treatment plan included medications. The treatment request included Tylenol # 4, # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in June 2009 and is being treated for neck, shoulder, and chronic low back pain. When seen in May 2015, Prilosec, Motrin, and Soma were working fine and pain was under partial control. She was able to continue her daily routine without any interference. No other medications were being taken. There was mild cervical and lumbar tenderness with decreased range of motion. Tylenol #4 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. The claimant was doing well in May 2015 without reported opioid use and there is no documented acute injury or change in her condition. Prescribing Tylenol #4 was not medically necessary.